

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janora B. Mathew
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY - 1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M36222** (1)

FLORA TRAVEL INC.

Principal Office Address: **10240 S.W. 56TH STREET, SUITE #109 MIAMI FL 33165**
 Mailing Address: **10240 S.W. 56TH STREET, SUITE #109 MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

2. Filing and Payment Dates	28. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	08/04/1986	04/29/1994
22. State, Apt. #, etc.	27. State, Apt. #, etc.	4. FEI Number	Applied For
23. City & State	28. City & State	59-2705959	Not Applicable
24. City	29. City	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. City	30. City	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26. City	31. City	7. This corporation has liability for a delinquent tax under Chapter 199, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALVAREZ, FLORA ANTONIO 4605 S.W. 140 CT. MIAMI FL 33175	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607 (04)(c) and 607 (05)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607 (05)(b), Florida Statutes.

SIGNATURE: _____ (Print Name, Number and Telephone Number of Telephone) _____ (Print Registered Agent's Name and Address) _____ (City)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ALVAREZ, FLORA HILDA	2. NAME	
3. STREET ADDRESS	4605 S.W. 140 CT.	3. STREET ADDRESS	
4. CITY & STATE	MIAMI FL	4. CITY & STATE	
5. TITLE	VST	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	ALVAREZ, ANTONIO	6. NAME	
7. STREET ADDRESS	4605 S.W.-140 CT.	7. STREET ADDRESS	
8. CITY & STATE	MIAMI FL	8. CITY & STATE	
9. TITLE	D	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	ALVAREZ, ANTONIO	10. NAME	
11. STREET ADDRESS	4605 S.W.-140 CT.	11. STREET ADDRESS	
12. CITY & STATE	MIAMI FL	12. CITY & STATE	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY & STATE		20. CITY & STATE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199(0)(a) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the receiver or trustee of this corporation as required by Chapter 607, Florida Statutes, and that my name appears on the list of registered officers, directors, or agents furnished with an address.

SIGNATURE: *Flora Alvarez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FLORA ALVAREZ
 Date: *April 25/95* (705) 596-9546