

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M36222** (1)

1. Corporation Name

FLORA TRAVEL INC.



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

3. Date Incorporated or Qualified: **08/04/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2705959**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 10240 SW 56 ST**
Suite, Apt. #, etc.: **22 SUITE 109**
City & State: **23 MIAMI FLORIDA**
Zip: **24 33165** Country: **25 USA**
2a. Mailing Address: **26 10240 SW 56 ST**
Suite, Apt. #, etc.: **27 SUITE 109**
City & State: **28 MIAMI FLORIDA**
Zip: **29 33165** Country: **30 USA**

9. Name and Address of Current Registered Agent: **ALVAREZ, FLORA ANTONIO**
4805 S.W. 140 CT.
MIAMI FL 33175
10. Name and Address of New Registered Agent:
81 Name: **MARIA/LUIS CHTASUS**
82 Street Address (P.O. Box Number is Not Acceptable): **4344 SW 142 CT**
83
84 City: **MIAMI** FL 85 Zip Code: **33175**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Maria L. Catasus* **May 10, 1996**
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALVAREZ, FLORA HILDA | 1.2 NAME | CHTASUS, MARIA L. |
| STREET ADDRESS | 4805 S.W. 140 CT. | 1.3 STREET ADDRESS | 4344 SW 142 CT |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | MIAMI FL 33175 |
| TITLE | VST <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALVAREZ, ANTONIO | 2.2 NAME | CHTASUS, LUIS F. |
| STREET ADDRESS | 4805 S.W.-140 CT. | 2.3 STREET ADDRESS | 4344 SW 142 CT |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | MIAMI FL 33175 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALVAREZ, ANTONIO | 3.2 NAME | CHTASUS, LUIS F. |
| STREET ADDRESS | 4805 S.W.-140 CT. | 3.3 STREET ADDRESS | 4344 SW 142 CT |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | MIAMI FL 33175 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maria L. Catasus* **May 10, 1996** (305) 596-9566
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)