

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90131 013 \*\*\*158.75

DOCUMENT # M36604

1. Corporation Name

ELITE TRAVEL MARKETING, INC.

Principal Place of Business

1000 PONCE DE LEON BLVD.  
205  
CORAL GABLES FL 33134-3345  
US

Mailing Address

C/O ERNESTO SANCHEZ P.A.  
814 PONCE DE LEON BLVD. #505  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1986

4. FEI Number

59-2723629

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SANCHEZ, ERNESTO P.A.  
814 PONCE DE LEON BLVD.  
SUITE 505  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	GOMEZ, ALBERTO J. JR	
STREET ADDRESS	1000 PONCE DE LEON BLVD #205	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	GOMEZ, OFELIA L.	
STREET ADDRESS	1000 PONCE DE LEON BLVD #205	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sanz, Jose	
1.3 STREET ADDRESS	1000 Ponce de Leon Blvd. #205	
1.4 CITY-ST-ZIP	Coral Gables, Fl. 33134	
2.1 TITLE	DVPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gomez, Ofelia	
2.3 STREET ADDRESS	1000 Ponce de Leon Blvd. #205	
2.4 CITY-ST-ZIP	Coral Gables, Fl. 33134	
3.1 TITLE	DVPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sanz, Maria Dolores	
3.3 STREET ADDRESS	1000 Ponce de Leon Blvd. #205	
3.4 CITY-ST-ZIP	Coral Gables, Fl. 33134	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Sanz

February 2, 1999 305-641-2040  
Daytime Phone #

CR2E034 (1/98)