

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M41180** (4)

1. Corporation Name
IMPERIAL TRAVEL, INC.



Principal Place of Business: **5847 W FLAGLER STREET MIAMI FL 33144-0316**
Mailing Address: **5847 W FLAGLER STREET MIAMI FL 33144-0316**

3. Date Incorporated or Qualified: **11/05/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2737371** 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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

9. Name and Address of Current Registered Agent
**HERNANDEZ, REYNALDO
5501 NW 7TH ST
#E-315
MIAMI FL 33126**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (if P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.1506, 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. Thereby, accept the appointment as registered agent. I am:

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|----------------------------------|
| TITLE | DPS | <input type="checkbox"/> DELETED |
| NAME | HERNANDEZ, REYNALDO | |
| STREET ADDRESS | 5501 NW 7TH ST #E-315 | |
| CITY-STATE-ZIP | MIAMI FL | |
| TITLE | DV | <input type="checkbox"/> DELETED |
| NAME | RAMIREZ-SEIJAS, FELIX | |
| STREET ADDRESS | 1300 S. GREENWAY DR. | |
| CITY-STATE-ZIP | CORAL GABLES FL | |
| TITLE | | <input type="checkbox"/> DELETED |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETED |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETED |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY-STATE-ZIP | |
| 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY-STATE-ZIP | |
| 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | |
| 33. STREET ADDRESS | |
| 34. CITY-STATE-ZIP | |
| 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY-STATE-ZIP | |
| 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY-STATE-ZIP | |
| 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied in this filing is truthful, fair and does not qualify for the exemption state in Section 199.07(1)(a), Florida Statutes. I further certify that the information included on this annual report is supplemental financial reports, 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 and I am exercising the powers to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report on an approved form with an address.

SIGNATURE: *Reynaldo Hernandez* **REYNALDO HERNANDEZ** 4 APR 96 (305) 262-5000
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)