

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra O. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M53630

(3)

1. Corporation Name

M & E TRAVEL ASSOCIATES, INC.

Principal Place of Business

1428 BRICKELL AVE  
LOBBY  
MIAMI FL 33131  
US

Mailing Address

1428 BRICKELL AVE  
LOBBY  
MIAMI FL 33131  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/10/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2824555

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

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

LOMITA, MYRNA  
1428 BRICKELL AVE., LOBBY  
MIAMI FL 33131

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 reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PSD  
LOMITA, MYRNA  
1428 BRICKELL AVE, LOBBY  
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VT  
LOMITA, ELISE F.  
1427 BRICKELL AVE, LOBBY  
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15

16 TITLE

17 NAME

18 STREET ADDRESS

19 CITY - ST - ZIP

20

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

25

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY - ST - ZIP

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31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

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36 TITLE

37 NAME

38 STREET ADDRESS

39 CITY - ST - ZIP

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☐ Change ☐ Addition

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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)(b), Florida Statutes. I further certify that the information indicated on this annual report of 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 to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95 3053748970