

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 # **M55657** (4)

1. Corporation Name

MHM TRAVEL, INC.

Principal Place of Business

**411 SOUTHWEST 169TH TERRACE
FORT LAUDERDALE FL 33326**

Mailing Address

**411 SOUTHWEST 169TH TERRACE
FORT LAUDERDALE FL 33326**



3. Date Incorporated or Qualified
07/16/1987

3a. Date of Last Report
06/20/1995

2. Principal Place of Business
21 **3900 NW 79 AVENUE**

2a. Mailing Address
26 **3900 NW 79 AV**

4. FEI Number
65-0034171

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **SUITE 566**

Suite, Apt. #, etc.
27 **SUITE #566**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 **MIAMI FL**

City & State
28 **MIAMI FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 **33166**

Country

Zip
29 **33166**

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHN SOMMERER & COMPANY, P.A.
1881 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
VEGA, MANUEL A
411 SOUTHWEST 169TH TERRACE
FT. LAUDERDALE FL 33326**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
VEGA, EDWINA
411 SOUTHWEST 169TH TERRACE
FT. LAUDERDALE FL 33326**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FERNANDEZ, MARIA
370 GOLFVIEW DRIVE
FT. LAUDERDALE FL 33326**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FINOL, CARMEN
461 RANCH ROAD
FT. LAUDERDALE FL 33326**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
**DIRECTOR
LUIS A. VEGA
411 SW 169 TERRACE
FORT LAUDERDALE FL 33326**

☐ Change ☒ Addition

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY - ST - ZIP

☐ Change ☐ Addition

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY - ST - ZIP

☐ Change ☐ Addition

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY - ST - ZIP

☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

☐ Change ☒ Addition

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96 (305) 471-9837

Date

Daytime Phone

CR2E034 (12/95)