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

DOCUMENT # M60521

1. Corporation Name

107 TRA	AVEL & TOURS, INC.										
<u>,</u>							4				
Principal Place	e of Business	•	Address								
2500 3.W. 107T			.W. 107TH AVENUE								
MIAMI FL 33165 MIAMI FL 33165								DO NOT WE	RITE IN THI	S SPACE	
							3.	Date Incorporated or Qualife	d		
								10/09/1987			
2. Principal Pl	face of Business	2a. Ma	iling Address				4.	FEI Number		App	died For
1 .		26	_					65-0008675	* "	Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				-	Certificate of Status Desired		\$8.75 A	dditional
2	•	27					3.	Certificate of Status Desired		Fee Rec	quired
City & State	6	City	y & State				6.	Election Campaign Financin	9 🗆	\$5.00	May Be
3		28					1	Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip		Cou	intry		8.	This corporation owes the cu	ırrent year l		
4	25	29		30				Personal Property Tax.			□No
	9. Name and Address of Current	Registere	d Agent		81	Name	10.	Name and Address of New	Registere	Agent	
PΔR	ra, orquidea				"	Name					ļ
	O S.W. 107TH AVENUE				82	Street Addre	ess (F	O.O. Box Number is Not Accept	otable)		
	MI FL 33165				83						
4					83						
					84	City		- MA (4 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -	F	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1	508, Florida Statut	es, the a	bove-	-named corpo	oratio	n submits this statement for the	e purpose o	of changing its	registered
office or r	registered eacht or both in the State of	of Florida. S	iuch change was a	uthorized	וז עמוני	ine corporatio	n's bo	oard of directors. I nereby acc	ept the app	ointment as reg	jistered
agent I a	m familiar with, and accept the obligation	ions of, Sec	ction 607.0505. Flo	rida Stati	utes.						
agent. I a	im familiar with, and accept the obligation	ions of, Sec	ction 607.0505, Flo	rida Stati	utes.			,			ļ
agent. I a	rm familiar with, and accept the obligation	and title if appli	icable: (NOTE	Registered	U(85.				DATE.		
agent. I al	rn familiar with, and accept the obligation of registered agent in OFFICERS AND	and title if appli	icable: — = ~ (NOTE	Registered	Agent			reinstating) ADDITIONS/CHANGES TO C		ND DIRECTO	
agent. I a	Signature, typed or printed name of registered agent in OFFICERS AND	and title if appli	icable: (NOTE	Registered	Agent						RS IN 12
agent. I all SIGNATURE: 12. TITLE NAME	Signature, typed or printed name of registered egent of OFFICERS AND D PARRA, ORQUIDEA	and title if appli	icable: — = ~ (NOTE	13.	AME	signature required				ND DIRECTO	
agent. I al SIGNATURE: 12.	Signature, typed or printed name of registered agent of OFFICERS AND DEPARRA, ORQUIDEA 13604 SW 4TH TERRACE	and title if appli	icable: — = ~ (NOTE	Registered 13. 1.1 TI 1.2 N 1.3 S1	TLE AME	signature required				ND DIRECTO	
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent to OFFICERS AND D PARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL	and title if appli	CEBBE: — (NOTE ORS	13. 1.1 TI 1.2 N/ 1.3 S1 1.4 CI	TLE AME TREET	signature required				ND DIRECTOI	Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent of OFFICERS AND DEPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL	and title if appli	icable: — = ~ (NOTE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI	TLE AME TREET	signature required				ND DIRECTO	
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent to OFFICERS AND DEPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL D ESCARDA, FRANCES	and title if appli	CEBBE: - (NOTE ORS	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/	TLE AME TREET TTY-ST- TLE AME	signature required ADDRESS -ZIP				ND DIRECTOI	Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent to OFFICERS AND DEPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL D ESCARDA, FRANCES 2314 SW 106TH CT	and title if appli	CEBBE: - (NOTE ORS	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI	TLE AME TREET TLE AME TREET	ADDRESS ADDRESS				ND DIRECTOI	Addition
agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent in OFFICERS AND DEPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL D ESCARDA, FRANCES 2314 SW 106TH CT MIAMI FL	and title if appli	DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI	TLE AME TTY-ST- TLE AME TREET/	ADDRESS ADDRESS				Change	Addition
agent. I all SIGNATURE: 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent to OFFICERS AND DEPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL D ESCARDA, FRANCES 2314 SW 106TH CT MIAMI FL D	and title if appli	CEBBE: - (NOTE ORS	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI	TLE AME TREET TLE AME TREET TLE TREET TREET TREET	ADDRESS ADDRESS				ND DIRECTOI	Addition
agent. I al SIGNATURE: 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered agent to OFFICERS AND DEPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL D ESCARDA, FRANCES 2314 SW 106TH CT MIAMI FL D CRUZ, BEATRIZ	and title if appli	DELETE	13. 1.1 TI 1.2 N 1.3 S1 1.4 CI 2.1 TI 2.2 N 2.3 S1 2.4 C 3.1 TI 3.2 N	TLE AME TREET / TLE AME TREET / TLE AME TREET / TREET / TREET / TREET / TREET / TREET /	ADDRESS -ZIP - ADDRESS -ZIP				Change	Addition
agent. I all SIGNATURE: 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent in OFFICERS AND DEPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL D ESCARDA, FRANCES 2314 SW 106TH CT MIAMI FL D CRUZ, BEATRIZ 1041 SW 125 PLACE	and title if appli	DELETE	13. 1.1 Π 1.2 N 1.3 S1 1.4 CI 2.1 Π 2.2 N 2.3 S1 2.4 C 3.1 Π 3.2 N 3.3 S	TILE AME TREET / TREET / TREET / TREET / TREET / TILE AME TREET / TILE AME	ADDRESS -ZIP				Change	Addition
agent. I al SIGNATURE: 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent to OFFICERS AND DEPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL D ESCARDA, FRANCES 2314 SW 106TH CT MIAMI FL D CRUZ, BEATRIZ	and title if appli	DELETE	13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 3.3 S 3.4 C	TILE AME TREET TILE TREET TILE TREET	ADDRESS -ZIP				Change Change	☐ Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent in OFFICERS AND DEPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL D ESCARDA, FRANCES 2314 SW 106TH CT MIAMI FL D CRUZ, BEATRIZ 1041 SW 125 PLACE	and title if appli	DELETE	13. 1.1 TI 1.2 N/ 1.3 S1 1.4 CI 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S' 3.4 C 4.1 TI	TILE AME TITY-ST- TILE AME TITY-ST- TILE AME TITY-ST TITLE	ADDRESS -ZIP				Change	Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Signature, typed or printed name of registered agent in OFFICERS AND DEPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL D ESCARDA, FRANCES 2314 SW 106TH CT MIAMI FL D CRUZ, BEATRIZ 1041 SW 125 PLACE	and title if appli	DELETE	E Registered 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 S 3.4 C 4.1 TI 4.2 N/ 4.2 N/ 4.2 N/ 4.1 TI 4.2 N/ 4.2 N/ 4.2 N/ 4.4 TI 4.2 N/ 4.2 N/ 4.2 N/ 4.3 TI 4.3 N/ 4.3 N/ 4.3 TI 4.3 TI 4.3 N/ 4.3 TI 4.	TILE AME TREET / TILE AME	ADDRESS -ZIP				Change Change	☐ Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent in OFFICERS AND DEPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL D ESCARDA, FRANCES 2314 SW 106TH CT MIAMI FL D CRUZ, BEATRIZ 1041 SW 125 PLACE	and title if appli	DELETE	13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 CC 3.1 TI 3.2 NV 3.3 S' 3.4 CC 4.1 TI 4.2 NV 4.3 S'	TILE AME TREET / TILE	ADDRESS -ZIP				Change Change	☐ Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent in OFFICERS AND DEPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL D ESCARDA, FRANCES 2314 SW 106TH CT MIAMI FL D CRUZ, BEATRIZ 1041 SW 125 PLACE	and title if appli	DELETE DELETE DELETE	13. 1.1 TI 1.2 N 1.3 ST 1.4 CI 2.1 TI 2.2 N 2.3 ST 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI	TILE AME TREET / TILE TREET / TREET	ADDRESS -ZIP				Change Change Change	☐ Addition
agent. I al SIGNATURE: 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent in OFFICERS AND DEPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL D ESCARDA, FRANCES 2314 SW 106TH CT MIAMI FL D CRUZ, BEATRIZ 1041 SW 125 PLACE	and title if appli	DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 S' 3.4 C 4.1 TI 4.2 N/ 4.3 S' 4.4 CI 5.1 TI	TILE AME TREET / TILE	ADDRESS -ZIP				Change Change	Addition Addition Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent to OFFICERS AND DPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL DESCARDA, FRANCES 2314 SW 106TH CT MIAMI FL DCRUZ, BEATRIZ 1041 SW 125 PLACE MIAMI FL	and title if appli	DELETE DELETE DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 CI 3.1 TI 3.2 N 3.3 S 3.4 CI 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N	TAGENT TILE AME TREET/ TILE AME	ADDRESS -ZIP				Change Change Change	Addition Addition Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent to OFFICERS AND DPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL DESCARDA, FRANCES 2314 SW 106TH CT MIAMI FL DCRUZ, BEATRIZ 1041 SW 125 PLACE MIAMI FL	and title if appli	DELETE DELETE DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N 5.3 S	TAGENT TILE AME TREET/ TILE AME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS				Change Change Change	Addition Addition Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent to OFFICERS AND DPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL DESCARDA, FRANCES 2314 SW 106TH CT MIAMI FL DCRUZ, BEATRIZ 1041 SW 125 PLACE MIAMI FL	and title if appli	DELETE DELETE DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N 5.3 S	TILE AME TREET/ TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS				Change Change Change	Addition Addition Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent to OFFICERS AND DPARRA, ORQUIDEA 13604 SW 4TH TERRACE MIAMI FL DESCARDA, FRANCES 2314 SW 106TH CT MIAMI FL DCRUZ, BEATRIZ 1041 SW 125 PLACE MIAMI FL	and title if appli	DELETE DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/ 3.3 S' 3.4 CI 4.1 TI 4.2 N/ 4.3 S' 4.4 CI 5.1 TI 5.2 N/ 5.3 S' 5.4 CI	TILE AME TREET / TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS				Change Change Change	Addition Addition Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90041 006 ***150.00