FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M96801** **(9)**

1. Corporation Name
A ATLANTIS TRAVEL SERVICE, INC.

Principal Place of Business	Mailing Address
A'ATLANTIS TRAVEL SERVICE ~~6307 BIRD RD~~ MIAMI FL 33155 US	~~6307 BIRD RD~~ 12863 SW 42 ST ~~6307 BIRD RD~~ 12863 SW 42 ST MIAMI FL 33155 MIAMI FL 33175 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/31/1988	3a. Date of Last Report: 05/17/1994
4. FEI Number: 65-0078161	☐ 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	2a. Mailing Address
21 12863 SW 42 ST	26 12863 SW 42 ST
Suite, Apt. #, etc. 22 ←	Suite, Apt. #, etc. 27 —
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33175 Country 25 USA	Zip 29 33175 Country 30 USA

9. Name and Address of Current Registered Agent

TERMINELLO, LOUIS J
TERMINELLO & TERMINELLO PA
2700 SW 37 AVE
MIAMI FL 33133

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	☑ Change ☐ Addition PSTD
NAME	SANCHEZ, EVELYN	1.2 NAME	SANCHEZ, EVELYN
STREET ADDRESS	~~6307 BIRD RD~~	1.3 STREET ADDRESS	12863 SW 42 ST
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33175
TITLE	VD	2.1 TITLE	☑ Change ☐ Addition VD
NAME	SANCHEZ, CARLOS M	2.2 NAME	SANCHEZ, CARLOS M.
STREET ADDRESS	~~6307 BIRD RD~~	2.3 STREET ADDRESS	12863 SW 42 ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33175
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Evelyn Sanchez 4-12-95 305-662-6163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EVELYN SANCHEZ

0184996 CP