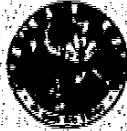


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

A ATLANTIS TRAVEL SERVICE
6307-BIRD-RO
MIAMI FL 33155
US

Mailing Address

6307-BIRD-RO 12863 SW 42 ST
6307-BIRD-RO 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

21 12863 SW 42 ST

2a. Mailing Address

26 12863 SW 42 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

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

PSTD

NAME

SANCHEZ, EVELYN

STREET ADDRESS

6307-BIRD-RO

CITY - ST - ZIP

MIAMI FL

TITLE

VD

NAME

SANCHEZ, CARLOS M

STREET ADDRESS

6307-BIRD-RO

CITY - ST - ZIP

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

1.1 TITLE

PSTD

1.2 NAME

SANCHEZ, EVELYN

1.3 STREET ADDRESS

12863 SW 42 ST

1.4 CITY - ST - ZIP

MIAMI FL 33175

2.1 TITLE

VD

2.2 NAME

SANCHEZ, CARLOS M.

2.3 STREET ADDRESS

12863 SW 42 ST

2.4 CITY - ST - ZIP

MIAMI FL 33175

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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

EVELYN SANCHEZ

4-12-95

305-662-6163

(Date)

(Telephone)