

*.FILE NOW. FILING FEE AFTER MAY 1 IS

CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

S.A.T.A. - SOUTH & CENTRAL
AMERICAN TRAVEL
ASSOCIATION, INC.

DOCUMENT #

N20451

Mailing Address

Principal Place of Business

13171 SW 20th Street
Miami, Florida 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5-4-87

3a. Date of Last Report

2/28/95

2. Mailing Address

21

2a. Principal Place of Business

26

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0016302

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

7. Nonprofit Exempt from \$138.75
Supplemental Fee

☐

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

SIDNEY Z. BRODIE, ESQ.
7270 NW 12th Street, Ph-I
Miami, Florida 33126

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D Linda Cain
12 NAME	13171 SW 20th Street
13 STREET ADDRESS	Miami, Florida 33175
14 CITY - ST - ZIP	
21 TITLE	VP/D Marisa Laurito
22 NAME	13171 SW 20th Street
23 STREET ADDRESS	Miami, Florida 33175
24 CITY - ST - ZIP	
31 TITLE	Treasurer/D Maruja Rodriguez
32 NAME	13171 SW 20th Street
33 STREET ADDRESS	Miami, Florida 33175
34 CITY - ST - ZIP	
41 TITLE	Secretary/D Jorge Obradovich
42 NAME	13171 SW 20th Street
43 STREET ADDRESS	Miami, Florida 33175
44 CITY - ST - ZIP	
51 TITLE	Chairman/D Diego Linares
52 NAME	13171 SW 20th Street
53 STREET ADDRESS	Miami, Florida 33175
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	800001880468
53 STREET ADDRESS	-07/01/96--01036--003
54 CITY - ST - ZIP	***70.00
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Linda Cain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 (305) 470-9774

Date

Signature - Printed Name