

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90274 019 ****61.25

DOCUMENT # N98000006765

1. Entity Name
FLORIDA ASSOCIATION OF TRAVEL AGENTS, INC.



Principal Place of Business
**25 S.E. SECOND AVENUE
SUITE 1235
MIAMI, FL 33131**

Mailing Address
**25 S.E. SECOND AVENUE
SUITE 1235
MIAMI, FL 33131**

94054282



02112004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0828582

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANTOS, MAURO C
25 S.E. SECOND AVENUE
SUITE 1235
MIAMI, FL 33131**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MAGALHAES, MARIO
105 SE 2ND ST.
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LEONEL, ROSANA
100 N. BISCAYNE BLVD., #3050
MIAMI, FL 33132**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ZUEITER, GENY
150 SE SECOND AVE #411
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **12 April 2004** **305 374-3366**
Date Daytime Phone #