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 MAY -1 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000018954 (6)**

1. Corporation Name

SABRICO TRAVEL USA, INC.

Principal Place of Business	Mailing Address
100 SOUTHEAST SECOND ST. 17TH FLOOR MIAMI FL 33131-1101 US	100 SOUTHEAST SECOND ST. 17TH FLOOR MIAMI FL 33131-1101 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1993
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 65-0398308 ☐ 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

9. Name and Address of Current Registered Agent

FRIEDHOFF, JOHN H
100 S.E. 2ND ST.
17TH FLOOR
MIAMI FL 33131-1101

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Typed or printed name of Registered Agent and title if applicable) (Signature of the Registered Agent appointed in this statement) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
01 Title	P	11 Title	P,S,T,D	☒ Change ☐ Addition
02 Name	FRANCO, JOSE R	12 Name	FRANCE, JOSE R	
03 Street Address	100 S.E. 2ND ST.	13 Street Address		
04 City, St, Zip	MIAMI FL 33131-1101	14 City, St, Zip		
01 Title	EV	21 Title	E,V,D	☒ Change ☐ Addition
02 Name	ETCHENIQUE, RODRIGO REYES	22 Name		
03 Street Address	100 S.E. 2ND ST.	23 Street Address		
04 City, St, Zip	MIAMI FL 33131-1101	24 City, St, Zip		
01 Title	V	31 Title		☐ Change ☐ Addition
02 Name	TAPIGLIANI, CARLOS	32 Name		
03 Street Address	100 S.E. 2ND ST.	33 Street Address		
04 City, St, Zip	MIAMI FL 33131-1101	34 City, St, Zip		
01 Title		41 Title		☐ Change ☐ Addition
02 Name		42 Name		
03 Street Address		43 Street Address		
04 City, St, Zip		44 City, St, Zip		
01 Title		51 Title		☐ Change ☐ Addition
02 Name		52 Name		
03 Street Address		53 Street Address		
04 City, St, Zip		54 City, St, Zip		
01 Title		61 Title		☐ Change ☐ Addition
02 Name		62 Name		
03 Street Address		63 Street Address		
04 City, St, Zip		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)(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 above, or on an attachment with an address.

SIGNATURE: X CARLOS TAPIGLIANI — 02.27.05 — (305) 264-6462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0127004 CP