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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 JAN 18 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027900 (8)

1. Corporation Name

UNIDOS TOURS & TRAVEL SERVICES, INC.



Principal Place of Business

5870 S.W. 8 ST.
STE. 1
MIAMI FL 33134

Mailing Address

5870 S.W. 8 ST.
STE. 1
MIAMI FL 33134

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

Fontela, Maria E
585 E. 9 AVENUE
HIALEAH FL 33010

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 602.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Address)

Signature of Registered Agent (Print Name and Address)

Date

12. OFFICERS AND DIRECTORS

12.1 TITLE	12.2 NAME	12.3 STREET ADDRESS	12.4 CITY, ST, ZIP	12.5 DELETE
PSD	Fontela, Maria	585 S.E. 9 AVE.	HIALEAH FL 33010	☐
VD	MESTRE, RAMON	1545 TRILLO AVE.	CORAL GABLES FL 33146	☒
VD	MESA, NOLIS	2225 ARCH CREEK	N. MIAMI FL 33181	☒
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				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY, ST, ZIP	13.5 DELETE
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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)(a), 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 or 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:

Maria E Fontela
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96
DATE OF FILING

305-264-2207
TELEPHONE NUMBER

CR2E034 (12/95)