FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

'95 MAY -1 AM 4:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P93000030717 (1)**

1. Corporate Name

METROPOLITAN TRAVEL, INC.

Principal Place of Business	Mailing Address
5391 JASON COURT BOYNTON BEACH FL 33437	5391 JASON COURT BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0413374 ☐ 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 ability to ... X Yes ☐ No

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

9. Name and Address of Current Registered Agent

CERVANTES, PLINIO
5391 JASON COURT
BOYNTON BEACH FL 33437

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ Change ☐ Addition
NAME	CERVANTES, PLINIO	
STREET ADDRESS	%5391 JASON COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	☐ Change ☐ Addition
NAME	CERVANTES, MARIA	
STREET ADDRESS	%5391 JASON COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

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(1)(i), Florida Statutes. I further certify that the information indicated on the 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 4073 N 9443

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