FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000030717 (1)

INETHO	POLITAN THAVEL, INC.					
Principal Place	e of Business	Mailing Address				7 BB 100 FAMA (BB111 HBB 81 HABI) 1001 1091
5391 JASON COURT 5391 JASON COURT						
BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437			3437		DO NOT WRITE	IN THIS COACE
					3. Date Incorporated or Qualified	IN THIS SPACE
					04/26/1993	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0413374	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Continuate of States Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	Zip	Cour	alru —	Trust Fund Contribution	
24	25	29	30	ııı y	8. This corporation owes or has paid Personal Property Tax due June :	_ ` ~ `
8-71	9. Name and Address of Currer		190		10. Name and Address of New Reg	
CEI	RVANTES, PLINIO			81 Name		
5391 JASON COURT			-	82 Street Add	Iress (P.O. Box Number is Not Acceptable	lo)
BOYNTON BEACH FL 33437				3// S// Add	iress (1.0. box Number is Not Acceptable	
			ſ	83		
			1	84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
						FL
11. Pursuant i	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida St atu e of Florida. Such change was	ites, the ab authorized	ove-named corp by the corpora	poration submits this statement for the pution's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
agent, I ai	m lemilar with, and accept the oblig	ations of Section 607.0505, F	lorida Statu	ites.	tion's board of directors. I hereby accept	"/ /a-
SIGNATURE	Signature typed or printed name of registered agr	PLINIO CE PUMM	<u>አ</u> ነ		ired when reinstating)	4/10/41
12.		ID DIRECTORS	13.	Agont signature requ	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITL	.E	The state of the s	Change Addition
NAME	CERVANTES, PLINIO		1.2 NAM	ME .		
STREET ADDRESS	%5391 JASON COURT		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	CAMPACH BELOW BY ALLE		1.4 CIT	Y-ST-ZIP		
TITLE	D	DELETE	2.1 7(1)	.E		Change Addition
NAME	CERVANTES, MARIA		2.2 NAM	AE		
STREET ADDRESS	%5391 JASON COURT		2.3 STR	eet address		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		2. 4 CIT	Y-ST-ZiP		
TITLE		DELETE	3.1 TITL	.E	1. \$ '	Change
NAME			3.2 NAN	AE		
STREET ADDRESS			3.3 STR	EET ADDRESS		
CITY-ST-ZIP		The state		Y-ST-ZIP		
TITLE		☐ DELETE	4.1 TITU			Change
NAME			4. 2 NA	1		
STREET ADORESS				EET ADDRESS		I
CITY-ST-ZIP		DELETE		(-ST-ZIP		☐ Change ☐ Addition
TITLE		L. DECLIE	5.1 TITL			CT change CT Addition
NAME STREET ADDRESS	•		5.2 NAA	ſ		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY 6.1 TITL	r-ST-ZIP		Change Addition
NAME			6.2 NAA			Em origingo Em receitor
STREET ADDRESS				EET ADDRESS		
			- 0.0 OIR			

14. 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 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 changes or on an adaptment with an address.

PLINIO CERVANTES

4/10/98

FILED

Apr 16 1998 8:00am

Secretary of State