

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000037504** ✓

1. Corporation Name
PA GE TRAVEL, INC.

Principal Place of Business

**9454 HARDING AVE.
SURFSIDE FL 33154
US**

Mailing Address

**9454 HARDING AVE.
SURFSIDE FL 33154
US**

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90004 038 ***155.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1993

4. FEI Number

65-0411126

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 owes the current year
Intangible Personal Property.



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GREENERG & TRAUIG
1221 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name

Law Offices of Inna Shapovalov, P.A.

82. Street Address (P.O. Box Number is Not Acceptable)

16300 NE 19th Ave.,

83. Ste. #

250

84. City

North Miami Beach

FL

85. Zip Code

33162

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

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

(NOTE: Registered Agent Signature required when reinstating)

7/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **PATRICK, MICHAEL**
STREET ADDRESS **18151 NE 31ST COURT, #205**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **P** ☒ DELETE
NAME **PATRICK, HUGH C.**
STREET ADDRESS **340 NW 145TH ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE
NAME **PATRICK, KARIN**
STREET ADDRESS **340 NW 145TH STREET**
CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **Vikhreva, Anna**
1.3 STREET ADDRESS **16400 Collins Ave, #1845**
1.4 CITY-ST-ZIP **Miami Beach, FL 33160**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/99 (305) **867-1080**

CR2E034 (5/99)

California Bar

Florida Bar

LAW OFFICES OF
INNA SHAPOVALOV, P.A.

P93000037504
599426-90004-38

16300 NE 19th Avenue, Suite 206 • North Miami Beach, FL 33162

Tel: (305) 949-9616 • Fax: (305) 949-9617

July 13, 1999

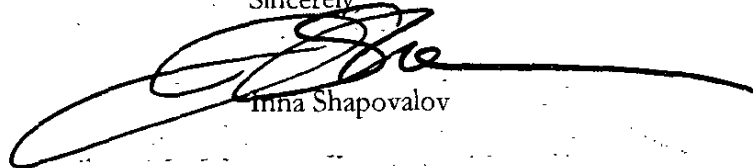
FLORIDA DEPARTMENT OF STATE
Division of Corporations
Annual Filing Department
P.O. Box 6327
Tallahassee, Florida 32314-6327

Dear Sir/Madam:

Please be advised that the first notice annual filing was never received by the corporation. A copy of the form was requested by this office several times by telephone, but was not received until now. This company has always been timely in filing its annual report. Please accept the filing with the filing fee of \$155, as the delay in filing was not the fault of the corporation.

Thank you for your prompt attention.

Sincerely,



Inna Shapovalov