

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000037704 (2)

1. Corporation Name

WILSON TRAVEL SERVICES, INC.

Principal Place of Business

121 SE 1ST STREET
803
MIAMI FL 33131
US

Mailing Address

121 SE 1ST STREET
803
MIAMI FL 33131
US

2. Principal Place of Business

21 100 No. BISCAYNE BLVD

Suite, Apt. #, etc.

22 2106

City & State

23 Miami, FL

24 33132

Country

25 USA

2a. Mailing Address

26 100 No. BISCAYNE BLVD

Suite, Apt. #, etc.

27 2106

City & State

28 Miami, FL

29 33132

Country

30 USA

3. Date Incorporated or Qualified

05/25/1993

3a. Date of Last Report

04/21/1995

4. FEI Number

65-0412029

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

SERGIO, MASSA
8347 S.W. 40 ST.
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

WILSON MARTINS

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

100 No. BISCAYNE BLVD

83

SUITE 2106

84 City

Miami

FL

85 Zip Code

33132

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 officer or director

Signature typed or printed name of registered agent and officer or director

DATE

4/1/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PTD
STREET ADDRESS MARTINS, WILSON
CITY-ST-ZIP 1035 WEST AVENUE, APT. 803
MIAMI BEACH FL

TITLE ☒ DELETE

NAME VSD
STREET ADDRESS MARTINS, EMMA
CITY-ST-ZIP 1035 WEST AVENUE, APT. 803
MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME PSTD
1.3 STREET ADDRESS MARTINS, WILSON
1.4 CITY-ST-ZIP 100 No. BISCAYNE BLVD No. 2106
Miami, FL 33132

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 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)(k), 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

WILSON MARTINS

4/1/96

(305)

3735911

CR2E034 (12/95)