

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:02

DOCUMENT # P93000051683 (9)

1. Corporation Name

SOLO "B" TRAVEL, INC.

Principal Place of Business

13048 S.W. 88TH TERRACE NORTH
MIAMI FL 33186

Mailing Address

13048 S.W. 88TH TERRACE NORTH
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1993

3a. Date of Last Report

04/22/1994

2. Principal Place of Business

21 385 W. 49 St.

2a. Mailing Address

26 385 W. 49 St.

4. FBI Number

65-0426881

Applied For

Not Applicable

Suite, Apt., etc.

22 Suite "B"

Suite, Apt., etc.

27 Suite "B"

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23 Hialeah, FL

City & State

28 Hialeah, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Zip

24 33012

Country

25 USA

Zip

29 33012

Country

30 USA

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MACEDO, CARLOS
8870 S.W. 40TH STREET
SUITE 3
MIAMI FL 33165

10. Name and Address of Now 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 607.0102 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 607.0506, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required after registration)

2/15/95

12. OFFICERS AND DIRECTORS

11 TITLE
NAME PSTD
STREET ADDRESS MAWYIN, BERNARDETTE
CITY, ST, ZIP 13840 S.W. 88TH TERRACE NORTH
MIAMI FL 33186

12 TITLE
NAME D MAWYIN, MARIA
STREET ADDRESS 2411 79TH STREET
CITY, ST, ZIP JACKSON HEIGHTS NY 11370

13 TITLE
NAME D MAWYIN, MICHAEL
STREET ADDRESS 2415 79TH STREET
CITY, ST, ZIP JACKSON HEIGHTS NY 11370

14 TITLE
NAME D MAWYIN, HARRY
STREET ADDRESS 2416 79TH STREET
CITY, ST, ZIP JACKSON HEIGHTS NY 11370

15 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

16 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information included 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 of changed, or on an attachment with an address.

SIGNATURE:

Bernardette Mawyin
SIGNATURE AND TYPE OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR

2/15/95

305-556 5008
(Typed Name)