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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000054699

1. Corporation Name

BRENS ASSOCIATION CORP.
D/B/A E.Z Travel & Tours.

Principal Place of Business

Mailing Address

13780 SW 56 Street
Suite #102
Miami, Fl. 33175

13780 SW 56 Street
Suite #102
Miami, Fl. 33175

3. Date Incorporated or Qualified

08.04.1993

3a. Date of Last Report

03.1996

4. FEI Number

65-0428913

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

2. Principal Place of Business

2a. Mailing Address

21 13780 S.W. 56 St
Suite, Apt. #, etc.

26 13780 S.W. 56 St
Suite, Apt. #, etc.

22 #102
City & State

27 #102
City & State

23 Miami, Fl. 33175
Zip

28 33175
Zip

Country

Country

24 33175

25 USA

29 33175

30 Usa

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DPT
Brens, Angel P
12710 SW 112th. Street
Miami, Fl. 33186

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT
NAME Brens, Angel P.
STREET ADDRESS 12710 SW 112th. St
CITY-STATE-ZIP Miami, FL. 33186 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE DVS
NAME Brens, M. Jackeline
STREET ADDRESS 12710 SW 112th. St
CITY-STATE-ZIP Miami, FL. 33186 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.5 CITY-STATE-ZIP ☐ Change ☐ Addition

3.6 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angel P. Brens
DPT.

4.8.1997

(305)388-9577

CR2E034 (9/96)