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

Mailing Address 8181 NW 36 ST., STE. #25C

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

8181 NW 36 ST., STE. #25C

CITY - \$1 - ZiP



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

May 06 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000056099 (3)

7 SEAS TRAVEL INTERNATIONAL, INC.

MIAMI FL 33166 MIAMI FL 33166-6646 3. Date Incorporated or Qualified 3a, Date of Last Report 08/12/1996 08/10/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0422764 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name RODRIGUEZ, SHIRLEY L 8181 NW 36 ST., STE. #25C Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 63 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when re-nstating) Sign at ire, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6 12. OFFICERS AND DIRECTORS 13. **PVTS** Addition DELETE Change 1.1 TITLE TILE RODAIQUEZ, SHIRLEY NAME 1.2 NAME 8181 NW 36 STREET #26C STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP COY ST 20 VSD DELETE 2.1 TITLE ☐ Change Addition THLE RODRIGUEZ, SHIRLEY L 22 NAME NAME 8181 NW 36 ST., #25C STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33166** COTY - ST - ZIP 2. 4 CITY-ST-ZIP □ DELETE 3.1 TITLE ☐ Change Addition Dief 3.2 NAME NAMI 3.3 STREET ADDRESS STREET ADDRESS CIY-SI-ZIP 3.4. CITY - ST - 2(P DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 5.1 TITLE THLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDIESS CHTY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME STREET ADDRESS. **63 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. Lich hereby certify that the information supplied with this filling 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, opgn an attachment with an address.