

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 13 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000059547 (8)

1. Corporation Name

HONDUMAYA TRAVEL CORP.

Principal Place of Business

Mailing Address

**765 W FLAGLER ST
MIAMI FL 33130**

**765 W FLAGLER ST
MIAMI FL 33130**

600001514186

-06/15/95--01068--025

*******225.00 *****225.00**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1993

3a. Date of Last Report

06/02/1994

4. FEI Number

65-0432537

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

B. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TROCHEZ, DOLORES
765 W FLAGLER ST
MIAMI FL 33130**

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V
NAME	MELENDEZ, JOSE A
STREET ADDRESS	765 W FLAGLER ST
CITY, ST, ZIP	MIAMI FL
TITLE	S
NAME	MELENDEZ, DELMY A
STREET ADDRESS	765 W FLAGLER ST
CITY, ST, ZIP	MIAMI FL
TITLE	PD
NAME	TROCHEZ, DOLORES
STREET ADDRESS	765 W FLAGLER ST
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	MELENDEZ, JOSE A
1.3 STREET ADDRESS	RESIGNED
1.4 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	MELENDEZ, DELMY A
2.3 STREET ADDRESS	RESIGNED
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 110.07(3)(b), 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 this 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:

Dolores Trochez

DOLORES TROCHEZ

5-26-95

305-326-1650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #