

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000074225 (2)

1. Corporation Name

SHANDANY TRAVEL & TOURS, INC.



Principal Place of Business

950 N KROME AVE
SUITE 102
HOMESTEAD FL 33030

Mailing Address

950 N KROME AVE
SUITE 102
HOMESTEAD FL 33030

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/21/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0447665

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

10. Name and Address of New Registered Agent

MAAS, JOHN P ESO
44 NE 16TH ST
HOMESTEAD FL 33030

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 type: The printed name of registered agent and filer is applicable.

(P.O.) Registered Agent signature required when re-stating.

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

1111

NAME

STREET ADDRESS

CITY- ST- ZIP

1111

NAME

STREET ADDRESS

CITY- ST- ZIP

1111

NAME

STREET ADDRESS

CITY- ST- ZIP

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NAME

STREET ADDRESS

CITY- ST- ZIP

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NAME

STREET ADDRESS

CITY- ST- ZIP

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NAME

STREET ADDRESS

CITY- ST- ZIP

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NAME

STREET ADDRESS

CITY- ST- ZIP

1111

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1111

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2111

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3111

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4111

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5111

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6111

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)