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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS CITY - ST- ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

01-10-97 305-859-9002

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # P93000082065 (2)

MADRIGAL'S TRAVEL & ZURQUI TOURS, CORP.

Principal Place of Business 973 S.W. 8TH STREET SUITE B MIAMI FL 33130		Mailing Address 973 S.W. 8TH STREET SUITE B MIAM FL 33130-3705						
MINIMI PL 3010	•	MINIMI IE SOISOUTO			3. Date Incorporated or Qualified	1	e of Last Re	eport
5 6 1 1 1 0	Name of the contract of the co	Local Adams			12/01/1993	01/23	3/1996	
	flace of Business	2a. Ma∍ing Address			4. FEI Number 65-0452802		<u> </u>	plied For It Applicable
Suite, Apt.	#, etc	S.iite Apt. #. etc					\$8.75 A	
22		27			5. Certificate of Status Desired		Fee Re	
City & Star	C	City & State			6. Election Campaign Financing		\$5.00	
23 Zip	Country	28 Z _(i)	Cour	ntrv	Trust Fund Contribution 8. This corporation has liability for		Added to	
24	25	29	30	,		Yes		188.032,
	9. Name and Address of Curr	,			10. Name and Address of New F	Registered A	gent	
JAM	ORIGA, C		Í	81 Name				
	S.W. 8TH STREET		<u> </u>	82 Street A	ddress (P.O. Box Number is Not Accept	able)		
SUI								
MiAI	MI FL 33130		-	83				
			•	84 City		FL	85 Zip (Code
11. Pursuant effice or i agent 1 a	to the provisions of Sections 507.0 registeres agent, or both, in the Standard with account the obline the obline of the obline obline of the obline	502 and 607, 1508, Florida Statle of Florida Such change wailigations of, Section 62, 0505,	tutes, the ab s authorized Florida Stati	ove-named of by the corpo utes.	corporation submits this statement for the pration's board of directors. I hereby acc	purpose of coppose of the purpose of the appointment of the purpose of the purpos	_	s registered registered
	Sing office typical or provided range of registered			Agent signature re	equired when reinstating)	DATE	DIDECTOR	0.111.40
12.	OFFICERS F	AND DIRECTORS DELETE	13.	16	ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	MADRIGAL, CECILIA	E becel	1.2 NA			_		tand riodinor
STREET ADORESS	1442 NE 109 ST			REFT ADDRESS				:
CITY-S1_ZIP	MIAMI FL		1.4 Cr	Y-ST-ZIP				
THE	\$	DELETE	2 1 TiT	LE			Change	Addition
NAMÉ	MADRIGAL, CECILIA		22 NA	ME				!
STREET ADDRESS	1442 NE 109TH ST		2.3 \$1	REET ADDRESS				
CHY ST-7IP	MIAMI FL	DELETE	2. 4 CI 3.1 TIT	TY-SI-ZIP	NAME OF THE PARTY		Change	Addition
TITLE	MADRIGAL, CECILIA	L. Detteit	3.2 NA	1			- Alterido	ridolity!
STREET ADDRESS	1442 NE 109 ST			REET ADDRESS				
City - ST - ZiP	MIAM! FL			TY-ST-ZIP				
TITLE	8	☐ DFLETE	4.1 TiT				Change	Addition
NAM:	MADRIGAL, CECILIA		4. 2 N	AME				
STREET ADDRESS	1442 NE 109TH ST		4.3 \$1	reet address				
C(1) Y - \$1 - 7(P	MIAMI FL			ry - ST - ZIP				17.7
TITLE		DELETE	5 1 70		മനവെവാവ		Change ⊃e e ⊒≥	Addition
NAME CONTEXT ADDRESSES			5 2 NA		8000020 -01/21/9701	01005	, , 2	
STREET ADDRESS ONLY ST-ZIP				REET ADDRESS TY - ST - ZIP	***165.00		-	
THLE		DELETE	6170		Bu Tear Tear of Tear Tear		Change	Addition

6.3 STREET ADDRESS

64 CHY-S1-ZIP

14. I do hereby cert ly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutis. 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 lyanged, or on an attachment with an address.