FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:18

DOCUMENT # P94000008709 (5)

1. Corporation Name

INCO TRAVEL, INC.

Principal Place of Business: 1430 PONCE DE LEON BLVD. CORAL GABLES FL 33134

Mailing Address: 1430 PONCE DE LEON BLVD. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1994

3a. Date of Last Report

4. FEI Number: 65-0474784 — 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BODEGA, DIONISIO
2924 COLLINS AVENUE
APT. 404
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BODEGA, DIONISIO
STREET ADDRESS	2924 COLLINS AVENUE #404
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	S
NAME	FERNANDEZ, ANA C
STREET ADDRESS	5900 SW 127 AVENUE #3211
CITY-ST-ZIP	MIAMI FL 33183
TITLE	T
NAME	LLERANDI, IVETT M
STREET ADDRESS	227 NW 32 PLACE
CITY-ST-ZIP	MIAMI FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP) — blank

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and it does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/95 DATE — (305) 447-1555 DAYTIME PHONE #

0141184 CP