FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 JUN 13 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000009116 (2)

1. Corporation Name
MIRAMAR TRAVEL & CRUISES CENTER, INC.

Principal Place of Business	Mailing Address
2150 S.W. 16TH AVE. SUITE 201 MIAMI FL 33145	2150 S.W. 16TH AVE. SUITE 201 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3855. S.W. 137 Ave	26 3855 S.W. 137 Ave
Suite, Apt. #, etc. 22 Miami	Suite, Apt. #, etc. 27 Suite 1
City & State 23 FLA	City & State 28 Miami, FL.
Zip / Country 24 33176 / 25 Dade	Zip / Country 29 33175 / 30 DADE

4. FEI Number: 65-0486629 ☐ 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

9. Name and Address of Current Registered Agent

CAMPA, JOSE R
2150 S.W. 16TH AVE.
SUITE 201
MIAMI FL 33145

Resignation DELETE

10. Name and Address of New Registered Agent

81 Name: Gloria C. Gonzalez
82 Street Address (P.O. Box Number is Not Acceptable): 3855 S.W. 137 Ave
83
84 City: Miami FL 85 Zip Code: 33175

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Gloria C. Gonzalez DATE: MAY 31, 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition: PRESIDENT
NAME	GONZALEZ, LUIS E	12 NAME	Gloria Gonzalez
STREET ADDRESS	14735 S.W. 70TH TERRACE	13 STREET ADDRESS	14022 S.W. 38 Terrace
CITY-ST-ZIP	MIAMI FL 33183	14 CITY-ST-ZIP	Miami, FL. 33175
TITLE	SD	21 TITLE	☒ Change ☐ Addition: SD
NAME	CAMPA, JOSE R	22 NAME	DELETE Alicia Montesdeoca
STREET ADDRESS	2150 S.W. 16TH AVE.	23 STREET ADDRESS	14022 S.W. 38 Ter.
CITY-ST-ZIP	MIAMI FL 33145	24 CITY-ST-ZIP	Miami, FL. 33175
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	JR 7/1/10
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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, or on an attachment with an address.

SIGNATURE: Gloria Gonzalez DATE: MAY 31 1995 (305) 229-8001
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Telephone Number)

0167035 CF