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 MAY -1 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000009970 (2)**

1. Corporation Name
INCA TRAVEL, INC.

Principal Place of Business	Mailing Address
2014 FOURTH STREET SARASOTA FL 34237	2014 FOURTH STREET SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0470051	☐ Applied For ☐ Not Applicable
21 3400 S. Tamiami Trail	26 3400 S. Tamiami Trail		
Suite, Apt. #, etc. 22 301	Suite, Apt. #, etc. 27 301	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Sarasota FL	City & State 28 Sarasota FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 34239 / 25 Sarasota	Zip / County 29 34239 / 30 Sarasota	8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

JAENSCH, PETER J
2014 FOURTH STREET
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3400 S. Tamiami Trail
83
84 City: Sarasota FL 85 Zip Code: 34239

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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] PETER J JAENSCH DATE: 4/11/95
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	D	11 TITLE	P	☐ Change ☒ Addition
NAME	SCHLICK, SIEGRUN	12 NAME		
STREET ADDRESS	5735 BEAURIVAGE AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	V.P.	☐ Change ☒ Addition
NAME	SCHLICK, ALEXANDER	22 NAME		
STREET ADDRESS	5735 BEAURIVAGE AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243	24 CITY-ST-ZIP		
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		
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 addition.

SIGNATURE: [signature] Pres. 5/5 813-366-9841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DR. SIEGRUN SCHLICK

0043203 CP