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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

**FILED** 

Secretary of State

Mar 01 1996 8:00 am

1996

DOCUMENT # **P94000010919 (6)** 

1 Corporation Name

STREET ADDRESS

appears in Block 12 or

**SIGNATURE** 

ECO TRAVEL, INCORPORATED

Mailing Address Principal Place of Business C/O DAVID B MITCHELL, P.A. 10521 MAHOGANY KEY CIRCLE 2100 PONCE DE LEON BLVD. STE 920 #107 **MIAMI FL 33196** CORAL GABLES FL 33134 3a. Date of Last Report 3. Date Incorporated or Qualified 01/31/1994 12/11/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0476007 Not Applicable 26 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing City & State \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032. Country  $Z_{10}$ Zip Country ☐ Yes ☐ No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MITCHELL, DAVID B Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD. 83 **STE 920 CORAL GABLES FL 33134** City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. S:GNATURE Signature, typed or photodinance of registers trained and the maps leader #SOTE Bloodered Aports and acreative ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 Change Add tion DELETE 1 1 TITLE TIFLE CR2E034 HEINONEN, KURT 1.2 NAME NAME 10521 MAHOGANY KEY CIRCLE APT 107 1.3 STREET ADORESS STREET ADDRESS MIAMI FL 33196 1.4 C(TY - \$1 - Z)P CitY - ST - 7:P Addition ☐ Change DELFTE 2 1 H/LE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST ZIF Change Add tion DELF TE 3 1 THE THLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS ☐ Change []] Addition DELETE 4 1 HTLE THILE 4.2 NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - \$1 - ZIP ☐ Change ☐ Addition DELETE 5 1 7/11 E 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP Addit.on DELETE 6 1 TITLE TITLE 6.2 NAME NAME

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)(R). 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 eath; 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

OFFICER OR DIRECTOR

@Feb 27,1896

attachment with an address