

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015836 (7)

1. Corporation Name

DETRAVEL NETWORK INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2525 S.W. 3RD AVE.
#410
MIAMI FL 33129

Mailing Address

2525 S.W. 3RD AVE.
#410
MIAMI FL 33129

2. Principal Place of Business

21 State Apt. #, etc.

2a. Mailing Address

26 State Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified
02/28/1994

3a. Date of Last Report

4. FEI Number

65-0472563

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contributions

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 198.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GAMEZ, JORGE
2525 S.W. 3RD AVE.
#410
MIAMI FL 33129**

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 607.08(1) and 607.15(8), 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 607.08(1), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent)

(Signature of Registered Agent or Designated Agent)

AT:

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

2. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

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CITY, STATE, ZIP

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CITY, STATE, ZIP

10. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(4)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the owner or holder empowered to execute this report as required by Chapter 187, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/95 PSL-VVSY
Signature: PSL-VVSY