

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000019436 (2)

1. Corporation Name

PENEL TRAVEL & TOURS, INC.

Principal Place of Business

**2857 W 70 STREET
HALEAH FL 33016**

Mailing Address

**2857 W 70 STREET
HALEAH FL 33016**

**APPROVED
AND
FILED**

95 APR 18 PM 9:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/08/1994

3a. Date of Last Report

2. Principal Place of Business

21 3399 NW 72 AVE

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 208 A.

27

City & State

City & State

23 MIAMI, FLA

28

Zip

Country

Zip

Country

24 33122

25

29

30

4. FEI Number

65-0480556

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 or intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

B. Name and Address of Current Registered Agent

**RESTREPO, MEVA C
2857 W 70 STREET
HALEAH FL 33016**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
CORREA, MELVA
2857 W 70 STREET
HALEAH FL 33016**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
ALZATE, ELIZABETH
12015 FLICKER WAY
COOPER CITY FL 33028**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
RESTREPO, SILVIO
12015 FLICKER WAY
COOPER CITY FL 33028**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
ALZATE, JUAN C
12015 FLICKER WAY
COOPER CITY FL 33028**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 007, 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

4/13/95 717-9916

Title

Daytime Phone #