FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. M[illegible]
Secretary of S[illegible]
DIVISION OF CORPORATIONS

DOCUMENT # **P94000019436 (2)**

1. Corporation Name

PENIEL TRAVEL & TOURS, INC.

Principal Place of Business	Mailing Address
3399 NW 72 AVE. SUITE 208A MIAMI FL 33122 US	2657 W 70 STREET HIALEAH FL 33016

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 03/08/1994	3a. Date of Last Report 04/18/1995
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 for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

RESTREPO, MEVA C
2657 W 70 STREET
HIALEAH 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 607.0505 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 [illegible] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	CORREA, MELVA		1 2 NAME	
STREET ADDRESS	2657 W 70 STREET		1 3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016		1 4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	ALZATE, ELIZABETH		2 2 NAME	
STREET ADDRESS	12015 FLICKER WAY		2 3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026		2 4 CITY-ST-ZIP	
TITLE	T	☒ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	RESTREPO, SILVIO		3 2 NAME	
STREET ADDRESS	12015 FLICKER WAY		3 3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026		3 4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME	ALZATE, JUAN C		4 2 NAME	
STREET ADDRESS	12015 FLICKLER WAY		4 3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026		4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 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)(k), 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: Melva L Correa. President 1/19/96 305 593-8015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)