FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90083 045 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000020904

SALAZAR TRAVEL, INC.

Principal Place of Business 3811 N. ANDREWS AVENUE FT. LAUDERDALE FL 33309-5263 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/17/1994 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Applied For Not Applicable Suite, Apt. #, etc. 2c. Principal Place of Business 2c. Principal Place of Business 2c. Principal Place of Business 2c. Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not Applied For Not Applicable 2c. Principal Place of Business 2c. Applied For Not App				<u>;</u>			
Tr. LAUDERDALE FL. 33309-5263 US SUBJECT STATES ST. LAUDERDALE FL. 33309-5268 S. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 33/17/19984 S. Do Not Writter in This Space 3. Date Incorporated or Qualified 33/17/19984 S. Do Not Application 3. Date Incorporated or Qualified S. Do Not Application 3. Date Incorporated or Qualified S. Do Not Application 5. Principal Place of Business 2a	Principal Place of Business Mailing Address						
3. Date Incorporated or Qualified 03/17/1934 2. Principal Place of Business	FT. LAUDERDAL	-	FT. LAUDERDALE FL 33309-5261				DO NOT WRITE IN THIS SPACE
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Suite, Apt. #, etc. Suite, Ap	2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			
Suite, Apt. #, etc. 20	_	•	26	26			65-0574867 Not Applicable
City & State 27		#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			E Cortifente of Status Decired
Trust Fund Contribution Added to Fees	22						Fee Required
Zip	City & State	e .	— ·	¬ '			
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 14. 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 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, and accept the obligations of, Section 607.0502. Florida Statutes are all registered agent, and accept the obligations of, Section 607.0503. Florida Statutes are all registered agent, and accept the obligations of, Section 607.0503. Florida Statutes SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12. 11. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY-ST-2P MABRICH, ALEXANDER 15. NAME 16. NAME	23						
9. Name and Address of Current Registered Agent MABRICH, ALEXANDER 15088 SW 13 PL. SUNRISE FL 33326 33 44 City FL 55 45 46 City FL 55 47 47 47 47 47 47 47 47 47	¬ ′	r 			ountry		
MABRICH, ALEXANDER 15068 SW 13 PL SUNRISE FL 33326 14 City 15 City 16 City 17 City 18 Ci	24			<u> </u>	1		1 disorial Foperty Tax.
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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 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 99 of applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12.						Street Add	ress (P.O. Box number is not acceptable)
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	SUN	RISE FL 33326	•	·			
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 increased 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 poster 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 of the appears in the receiver of the corporation of the corporation of the corporation of the receiver or poster 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 of the corporation of the corpora

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Change

Addition