FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000022565 (3)**

1. Corporation Name

LEGRA TRAVEL AGENCY, INC.

Principal Place of Business

505 E. 9 STREET
HIALEAH FL 33010

Mailing Address

505 E. 9 STREET
HIALEAH FL 33010

3. Date Incorporated or Qualified: **03/22/1994**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **65-0484758** ☐ 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 is subject to intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Street Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

LEGRA, ELIAS JR
48 NE 6 AVENUE
HIALEAH FL 33010

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 607.1916, 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

Name of New Registered Agent (Typed or Printed) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEGRA, ELIAS JR 48 NE 6 AVENUE HIALEAH FL 33010	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD LEGRA, EVA I 48 NE 6 AVENUE HIALEAH FL 33010	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-TITLE / 1-NAME / 1-STREET ADDRESS / 1-CITY-ST-ZIP	☐ Change ☐ Addition
2-TITLE / 2-NAME / 2-STREET ADDRESS / 2-CITY-ST-ZIP	☐ Change ☐ Addition
3-TITLE / 3-NAME / 3-STREET ADDRESS / 3-CITY-ST-ZIP	☐ Change ☐ Addition
4-TITLE / 4-NAME / 4-STREET ADDRESS / 4-CITY-ST-ZIP	☐ Change ☐ Addition
5-TITLE / 5-NAME / 5-STREET ADDRESS / 5-CITY-ST-ZIP	☐ Change ☐ Addition
6-TITLE / 6-NAME / 6-STREET ADDRESS / 6-CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate, complete, and 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 DATE

305-888-2111 Daytime Phone Number