

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000029715 (7)

1. Corporation Name

A1A TRAVEL SERVICES, INC.

Principal Place of Business

88511 OVERSEAS HIGHWAY
SUITE 4
TAVERNIER FL 33070

Mailing Address

88511 OVERSEAS HIGHWAY
SUITE 4
TAVERNIER FL 33070



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

PEREZ, MARIA T
88511 OVERSEAS HWY., SUITE 4
TAVERNIER FL 33070

3. Date Incorporated or Occurred
04/19/1994

3a. Date of Last Report
05/01/1995

4. FET Number
65-0483218

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. 193.032,
Florida Statutes ☐ Yes ☒ No

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 607.05(2) 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 607.05(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS	
TITLE	PS	☐ DELETE
NAME	PEREZ, MARIA T	
STREET ADDRESS	190 TEQUESTA STREET	
CITY-STATE-ZIP	TAVERNIER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PS	☒ Change ☐ Addition
2. NAME	PEREZ, MARIA T.	
3. STREET ADDRESS	140 TEQUESTA ST	
4. CITY-STATE-ZIP	TAVERNIER FL 33070	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-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)(a), Florida Statutes. Further, I 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 or 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 in an attachment with an address.

SIGNATURE: *Maria T Perez* MARIA T PEREZ

4/8/96 (305) 852 4849

CR2E034 (12/95)