

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 MAR 10 AM 8:29****DOCUMENT # P94000039968 (0)****1. Corporation Name
AQUA TRAVEL, INC.****Principal Place of Business****7401 COLLINS AVE.
MIAMI BEACH FL 33141****Mailing Address****7401 COLLINS AVE.
MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified
05/26/1994****3a. Date of Last Report****4. FEI Number****65-0493304****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**2. Principal Place of Business****21**

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24**25****2a. Mailing Address****26**

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29**30****9. Name and Address of Current Registered Agent****RODRIGUEZ, JOSE M
7401 COLLINS AVE.
MIAMI BEACH FL 33141****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 resigning)

DATE**12. OFFICERS AND DIRECTORS****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****PD
RODRIGUEZ, JOSE M
7401 COLLINS AVE.
MIAMI BEACH FL 33141****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****SD
CASANOVA, CAMILO F
7401 COLLINS AVE.
MIAMI BEACH FL 33141****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****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 190.07(3)(k), Florida Statutes. I further certify that this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/95 305/8652141