FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 FEB 17 PM 3:18

DOCUMENT # P94000043260 (6)

1. TOURS & TRAVEL AGENCY, INC.

Principal Place of Business:
244 BISCAYNE BLVD.
LOBBY EVERGLADES HOTEL
MIAMI FL 33131

Mailing Address:
~~244 BISCAYNE BLVD.
LOBBY EVERGLADES HOTEL
MIAMI FL 33131~~

3. Date Incorporated or Qualified: 06/09/1994

2. Principal Place of Business		2a. Mailing Address	424 S.W. 65 Ave
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	Miami, FL
Zip	County	Zip 33144	County

4. FEI Number: 65-0498697

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

MARTIN, LUIS
244 BISCAYNE BLVD.
LOBBY EVERGLADES HOTEL
MIAMI FL 33131

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTIN, LUIS
STREET ADDRESS	244 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI FL 33131
TITLE	VD
NAME	FERNANDEZ, VIRGILIO L
STREET ADDRESS	244 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI FL 33131
TITLE	STD
NAME	CASTRO, VALENTIN E
STREET ADDRESS	244 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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 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]* 2/10/95 305-267-2572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0120507 CP