

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

CORPORATION
ANNUAL REPORT
1996



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

**APPROVED
AND
FILED**

96 JAN 24 AM 11:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000055683 (4)

1. Corporation Name:
VIRGIO TRAVEL INC.

Principal Place of Business:

**561 N.E. 79TH ST.
SUITE 215
MIAMI FL 33138**

Mailing Address:

**561 N.E. 79TH ST.
SUITE 215
MIAMI FL 33138**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/25/1994

3a. Date of Last Report

2. Principal Place of Business

21 | **VIRGIO TRAVEL INC**

2a. Mailing Address

26 | Suite, Apt. #, etc

State, Apt. #, etc.

22 | City & State

27 | City & State

23 | Zip Country

28 | Zip Country

24 | 25

29 | 30

4. FEI Number

65-0529760

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

9. Name and Address of Current Registered Agent

**JOSEPH, PIERRE
561 N.E. 79TH ST.
SUITE 215
MIAMI FL 33138**

10. Name and Address of New Registered Agent

81 Name
MAGALIE JOSEPH
82 Street Address (P.O. Box Number is Not Acceptable)
561 NE 79 ST SUITE 215
83
84 City
MIAMI FL 85 Zip Code
33138

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: *Magalie Joseph, V. President*

DATE: **1-19-96**

12. OFFICERS AND DIRECTORS

TITLE: **D**
NAME: **JOSEPH, PIERRE**
STREET ADDRESS: **561 N.E. 79TH ST., SUITE 215**
CITY, ST, ZIP: **MIAMI FL 33138**
TITLE: **VICE PRESIDENT**
NAME: **MAGALIE JOSEPH**
STREET ADDRESS: **561 NE 79 ST SUITE 215**
CITY, ST, ZIP: **MIAMI FL 33138**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

**100001707751
-02/06/96--01081--007
****200.00 ****200.00**

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)(k), Florida Statutes. I further 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 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: *Magalie Joseph*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **1-19-96**
DISBURSE PHONE #: **305-757-4844**