

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000056682 (5)**

1. Corporation Name

**COIMPEL TRAVEL, CORP.**



Principal Place of Business

**4722 S.W. 67TH AVE.  
SUITE A10  
MIAMI FL 33155**

Mailing Address

**4722 S.W. 67TH AVE.  
SUITE A10  
MIAMI FL 33155**

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

**HEREDIA, OSCAR G  
4722 S.W. 67TH AVE.  
SUITE A10  
MIAMI FL 33155**

3. Date Incorporated or Qualified  
**08/01/1994**

3a. Date of Last Report  
**04/18/1995**

4. FEI Number  
**65-0508833**

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

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 of Officer or Director (Typed Name and Title)

Signature of Registered Agent (Typed Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **HEREDIA, OSCAR G**  
STREET ADDRESS **4722 S.W. 67TH AVE., #A10**  
CITY-ST-ZIP **MIAMI FL 33155**

☐ DELETE

TITLE **V**  
NAME **HEREDIA, GABRIEL E**  
STREET ADDRESS **4722 S.W. 67TH AVE., #A10**  
CITY-ST-ZIP **MIAMI FL 33155**

☐ DELETE

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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13.

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**100001847341**  
**-06/03/96--01024--010**  
**\*\*\*225.00**

**5-31-96**  
**DEB**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Oscar Heredia - President 05/08/96**

Daytime Phone #

CR2E034 (12/95)