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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000071707 (1)**

1. Corporation Name
**VALUE INTERNATIONAL TRAVEL, INC.**

Principal Place of Business
**8635 NORTHWEST 1 STREET**
**MIAMI FL 33126**

Mailing Address
**8635 NORTHWEST 1 STREET**
**MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 2. Principal Place of Business<br>21 7575 W. Flagler St.<br>Suite, Apt. #, etc.<br>22 Suite 206<br>City & State<br>23 Miami FL<br>Zip 24 33144 25 County DADE | 2a. Mailing Address<br>26 8635 NW 1st Street<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 Miami, FL<br>Zip 29 33126 30 Country DADE |
| 3. Date Incorporated or Qualified<br>09/29/1994 | 3a. Date of Last Report<br>this is first Report |
| 4. FEI Number<br>65-0526555 | ☐ Applied For<br>☐ 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

**AMERILAWYER**
**343 ALMERIA AVENUE**
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name: Bertha Llaneza
82 Street Address (P.O. Box Number is Not Acceptable): 2355 NW Flagler Terr.
83
84 City: Miami FL 85 Zip Code: 33125

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 X Bertha Llaneza 4-29-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | SUAREZ, LUCIANO |
| STREET ADDRESS | 8635 NORTHWEST 1 STREET |
| CITY-ST-ZIP | MIAMI FL 33126 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 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 119.07(3)(i), 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:** [signature] [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95 305 266-1985
Date — Daytime Phone #

0124043 CP