

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

96 MAY -1 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073773 (1)

1. Corporation Name

CAPRI TRAVEL INTERNATIONAL SERVICES, INC.

Principal Place of Business

3100 NW 72ND AVE  
SUITE 124  
MIAMI FL 33122  
US

Mailing Address

3100 NW 72ND AVE  
SUITE 124  
MIAMI FL 33122  
US

2. Principal Place of Business

2a. Mailing Address

21 8871 Biscayne Blvd

26 8871 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 suite #1

27 suite #1

City & State

City & State

23 Miami shores, Fl.

28 Miami shores, Fl

Zip

Zip

Country

Country

24 33138

29 33138

25 Dade

30 Dade

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
10/06/1994

3a. Date of Last Report  
03/22/1995

4. FEI Number

65-0525173

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

PHILIP-OLIVERT, ROSE L  
9570 N.W. 32ND MANOR  
SUNRISE FL 33325

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 607.0503, Florida Statutes.

SIGNATURE

*Rose L Olivert*

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/4/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PHILIP-OLIVERT, ROSE L  
STREET ADDRESS 9570 N.W. 32ND MANOR  
CITY-ST-ZIP SUNRISE FL 33325

TITLE ☐ DELETE

NAME VTD  
STREET ADDRESS BAGUIDY, IDERLE  
CITY-ST-ZIP 9570 N.W. 32ND MANOR  
SUNRISE FL 33325

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001818761  
-05/13/96--01007--009  
\*\*\*\*208.75 \*\*\*\*208.75

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 in an attachment with an address.

SIGNATURE:

*Charles Baguidy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/96

Daytime Phone #

CR2E034 (12/95)