

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
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000084104 (6)

1. Corporation Name

COLUSA TRAVEL & TOUR, CORP.



Principal Place of Business

Mailing Address

4800 W. FLAGLER ST.
4800 W. FLAGLER ST. #5
MIAMI FL 33134
US

4800 W. FLAGLER ST.
SUITE 5
MIAMI FL 33134

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0535039

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

VELASQUEZ, CARLOS
4800 W FLAGLER STREET SUITE 214
MIAMI FL 33134

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☒ DELETE
NAME VELASQUEZ, CARLOS
STREET ADDRESS 4800 W FLAGLER STREET SUITE 214
CITY-ST-ZIP MIAMI FL 33134

TITLE D ☐ DELETE
NAME VELASQUEZ, CARLOS
STREET ADDRESS 4800 W FLAGLER STREET SUITE 214
CITY-ST-ZIP MIAMI FL 33134

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 P ☒ Change: ☐ Addition
1.2 NAME VELASQUEZ CARLOS
1.3 STREET ADDRESS 4800 W. Flagler St. Suite 5
1.4 CITY-ST-ZIP Miami, FL 33134

2.1 TITLE ☐ Change: ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V ☐ Change: ☒ Addition
3.2 NAME VELASQUEZ ANTHONY
3.3 STREET ADDRESS 4800 W. Flagler St. Suite 5
3.4 CITY-ST-ZIP Miami, FL 33134

4.1 TITLE S ☐ Change: ☒ Addition
4.2 NAME VELASQUEZ TENY
4.3 STREET ADDRESS 4800 W. Flagler St. Suite 5
4.4 CITY-ST-ZIP Miami, FL 33134

5.1 TITLE T ☐ Change: ☐ Addition
5.2 NAME VELASQUEZ JASMITH
5.3 STREET ADDRESS 4800 W. Flagler St. Suite 5
5.4 CITY-ST-ZIP Miami, FL 33134

6.1 TITLE ☐ Change: ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Carlos Velasquez - CARLOS VELASQUEZ

4/25/96 305-5699119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)