FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000005776 (6)

CITY TRAVEL, INC.

FILED Mar 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address -11544-0W: 427-0T: 1464 3.W. T27 OT. MIAMI PL-35188~ MIAMI PL 33188 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/23/1995 2a. Mailing Address Applied For 91015.W. 122 AVE. 5.W. 122 AUF 65-0014058 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible DADR DADE Personal Property Tax due June 30. ☐ No 24 29 Name and Address of Current Registered Ager 10. Name and Address of New Registered Agent Name **B1** GALLO, FRANCIS -11544 O.W: 127 CT. 82 MIAMI-FL-03186 83 City 64 11. Pursuant to the provisions of Sections 697.0502 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 land and ept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) agent and title it applicable OFFICERS AND DIRECTORS 9/01 S.W. 122 (Apt. 101)
MIAMI, FL 33/86
9/01 S.W.122 AVE (Letinge | Addition of the state of th ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PSD** DELETE 1.1 TITLE TITLE **GALLO, FRANCIS** 1.2 NAME 11514 S.W. 127 CT. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33186 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE VΠ PEREZ, ROGELIO 2.2 NAME NAME 11544 S.W: 127 OT. 2.3 STREET ADDRESS STREET ADDRESS MIAMI-FL 99186. CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETÉ 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 THILE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITL€ NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 receipts 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 attailmin with an address.