CORPORATION

ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office:

OHRAMI TRAVEL CORP
6243 S.W. 150 PATH
MIAMI - FL - 33193.

P95000008912

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida 2/2/95

4. FEI Number 65-0552714

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	Title 2	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4	5
1	P/T	MIRABAL, RAFAEL	6243 S.W. 150 PATH	MIAMI - FL. 33193	
2	V.P/S	MIRABAL, OHILDA	6243 S.W. 150 PATH	MIAMI - FL. 33193	
3					
4					
5					
6					

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

RAFAEL MIRABAL
6243 S.W. 150 PATH
MIAMI - FL - 33193

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

200001887442
-07/09/96--01069--017
***225.00

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE 07096 OR
(Registered Agent Accepting Appointment)

10. I 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 effects as if made under oath; I further certify 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, F.S.

Signature _____ Date 6/28/96

Typed Name of Signing Officer or Director: RAFAEL MIRABAL Title: PRESIDENT Telephone Number: (305) 387-3704

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status