

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

FILED

Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000008912 (4)

1. Corporation Name

OHRAMI TRAVEL CORPORATION

Principal Place of Business

~~6243 SW 150 PATH~~  
~~MIAMI FL 33193~~

Mailing Address

~~6243 SW 150 PATH~~  
~~MIAMI FL 33193-2742~~



2. Principal Place of Business

21 10901 S.W. 56 ST

Suite, Apt. #, etc.

2a. Mailing Address

26 (SAME)

Suite, Apt. #, etc.

City & State

23 MIAMI - FLORIDA

Zip

24 33165

Country

25 U.S.A.

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/02/1995

3a. Date of Last Report

07/09/1996

4. FEI Number

65-0552714

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

9. Name and Address of Current Registered Agent

MIRABAL, RAFAEL  
6243 SW 150 PATH  
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name

RAFAEL MIRABAL

82 Street Address (P.O. Box Number is Not Acceptable)

10901 S.W. 56 ST.

83

84 City

MIAMI

FL

85 Zip Code

33165

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PT MIRABAL, RAFAEL

STREET ADDRESS

6243 S.W. 150 PATH

CITY - ST - ZIP

MIAMI FL 33193

TITLE

VPS MIRABAL, OHILADA

STREET ADDRESS

6243 S.W. 150 PATH

CITY - ST - ZIP

MIAMI FL 33193

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33193

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33193

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33193

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRES/T.

☒ Change

☐ Addition

1.2 NAME

RAFAEL MIRABAL

1.3 STREET ADDRESS

10901 S.W. 56 ST.

1.4 CITY - ST - ZIP

MIAMI - FL - 33165

2.1 TITLE

VP/S

☒ Change

☐ Addition

2.2 NAME

OHILDA MIRABAL

2.3 STREET ADDRESS

10901 S.W. 56 ST.

2.4 CITY - ST - ZIP

MIAMI - FL - 33165

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

14. I do 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 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]*

4/16/97

(307) 297 2244

CR2E034 (9/96)