

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000013663 (6)

1. Corporation Name

EXOTICA TRAVEL, INC.



Principal Place of Business

Mailing Address

299 ALHAMBRA CIRCLE
SUITE 321
CORAL GABLES FL 33134

299 ALHAMBRA CIRCLE
SUITE 321
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
02/16/1995

3a. Date of Last Report
n/a

2. Principal Place of Business

2a. Mailing Address

21 299 Alhambra Circle

26 Same

4. FEI Number
65-0565776

Applied For
Not Applicable

22 Suite, Apt., etc.
506

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State
Coral Gables FL

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip
33134

25 Country
U S A

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOYA-LARCO, LUIS F
3638 SW 23RD STREET
MIAMI FL 33145

81 Name
Luis F Noya-Larco

82 Street Address (P.O. Box Number is Not Acceptable)
526 Menendez Ave - Coral Gables FL 33146

83

84 City
Coral Gables FL

85 Zip Code
33146

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, 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 Luis F Noya-Larco

16FEB96

Signature of registered agent or authorized agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP - Special Events ☐ DELETE
NAME Luis F. Noya Larco
STREET ADDRESS 299 Alhambra Circle - Suite 506
CITY-ST-ZIP Coral Gables FL 33134

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS none
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS none
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS none
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS none
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS none
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS none
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS none
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS none
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS none
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS none
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS none
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Luis F Noya-Larco

01AUG96

(305)444-8555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (3/96)