Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000030202

1. Corporation Name

Principal Place of Business

BEST VALUE VACATIONS, INC.

155 SOUTH MIAMI AVENUE 155 SOUTH MIAMI AVENUE PENTHOUSE ONE PENTHOUSE ONE MIAMI FL 33130 MIAMI FL 33130			:NLIE			DO NOT WRITE IN THIS SPACE  3. Date ir corporated or Qualifed  04/18/1995		
2. Principa Place of Business 2a. Mailing Address						4. FEI Number Applied For		
26						65-05:75607 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired   \$8.75 Artiditional Fee Required		
City & State		City & State				6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country			Country		8. This corporation owes the current year intangible		
24	25	29	30			Persor al Property Tax.		
<u> </u>	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered Agent		
				81	Name			
DELGADO, AMABLE				82	Street Ad	(Idress (P.O. Bo) Number is Not Acceptable)		
	SOUTH MIAMI AVENUE				Su Sot / Kin	disse (i to task transfer to the transfer to t		
PENTHOUSE ONE				83				
MIAMI FL 33130				84	City	85 Zip Code		
				0.4	City	FL   S   S   S   S   S   S   S   S   S		
SIGNATUF:E	im familiar with, and accept the ob	agen and title if applicable. (N	NOTE: Registere	d Agen		aired when reinstating) DATE		
12.		AND DIRECTORS	13		- 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition		
TITLE	PS	DELETE	1	TITLE		CriangeXounc		
NAME	DELGADO, AMABLE	PERSONAL ONE		NAME	j			
STREET ADDRESS		, PENTHOUSE ONE	1.3 5	STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33130			CITY-ST	r-ZIP	☐ Change ☐ Addition		
TITLE	VPT	DELETE		IITLE				
NAME	DELGADO-PALACIOS, JOSE			NAME				
STREET ADDRESS		, PENTHOUSE ONE			ADDRESS			
CITY-ST-ZIP	MIAMI FL 33130	☐ DELETE		CITY-S	T- ZIP	☐ Change ☐ Addition		
TITLE		☐ DECEN		TITLE	}	_ Shangs		
NAME				NAME	**************************************			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE		CITY-S	1-ZIP	Change Addition		
TITLE		☐ bereit		NAME				
NAME					ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP		DELETE		CITY-S'	1-2119	Change Addition		
TITLE		C DECENT	1	NAME				
NAME					ADDRESS			
STREET ADDRESS				CITY-S				
CITY-ST-ZIP	I		3.71	U				

I hereby certify that the information supplied with this filing does not qualify or 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 the information 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 change 1, or on an attachment with an address, with all other like empowered

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90124 021 \*\*\*150.00