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FILED  
May 03, 2002 8:00 A.M.  
Secretary of State

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P95000031566

1. Corporation Name

Miami Destinations Co.

Principal Place of Business

Mailing Address

401 Biscayne Blvd  
#P117  
Miami Flg 33131

13364 S.W.  
108 St. Circle  
Miami Fla  
33186

000005509260--5  
-05/14/02--01053--004  
\*\*\*600.00 \*\*\*600.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

2001

2. Principal Place of Business

2b. Mailing Address

21 401 Biscayne Blvd

26 13364 SW 108 St Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P 117

Miami Fla

City & State

City & State

23 Miami

28 Miami

Zip

Country

Zip

Country

24 33131

25 Dade

29 33186

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Panregna Wood  
13364 S.W. 108 St. Circle  
Miami Fla 33186

81 Name

Same

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
MS. Panregna Wood  
13364 SW 108 St Circle

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Sic.  
Panregna Wood

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Miami Fla 33131

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
13364 SW 108 St Circle  
Miami Fla 33186

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Treasurer  
Panregna Wood  
13364 SW 108 St. Circle

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Miami Fla 33186

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/26/02 Daytime Phone #