

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000034820 (7)

1. Corporation Name

TURISLANDIA, CORP.



Principal Place of Business

782 NE LE JEUNE ROAD STE 434  
MIAMI FL 33126

Mailing Address

782 NE LE JEUNE ROAD STE 434  
MIAMI FL 33126

3. Date Incorporated or Qualified

05/04/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

65-0586253

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

BERGEL, MOISES C  
782 NE LE JEUNE ROAD STE 434  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

Moises Chocron

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

782 NW Le Jeune Rd,

83

Suite 434

84 City

Miami

FL

85 Zip Code

33126

11. Pursuant to the provisions of Sections 607.0501 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 the day of the month

MOISES CHOCRON

3/06/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BENSASI, JOSE A  
STREET ADDRESS C/O 782 NW LE JEUNE ROAD STE 434  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE

NAME BENSASI, MOISES C  
STREET ADDRESS C/O 782 NW LE JEUNE ROAD STE 434  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Jose ALMONSY  
1.3 STREET ADDRESS 782 NW Le Jeune Rd Suite 434  
1.4 CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Moises Chocron  
2.3 STREET ADDRESS 782 NW Le Jeune Rd, Suite 434  
2.4 CITY-ST-ZIP MIAMI, FL 33126

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 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

Moises Chocron

3/06/96

305-448-3323

Daytime Phone

CR2E034 (12/95)