

P9500003880

TRANSMITTAL LETTER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 15 PM 12:43

Department of State
Division of Corporations
P. O. Box 3327
Tallahassee, FL 32314

800001488693
-05/16/95 -01086 -009
****131.25 ****131.25

SUBJECT: TOCORORO TRAVEL AGENCY, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: HECTOR BARALT
(Name (printed or typed))

8625 NW 8th #412 FOX CHASE CONDOS MIAMI FL33126

Address

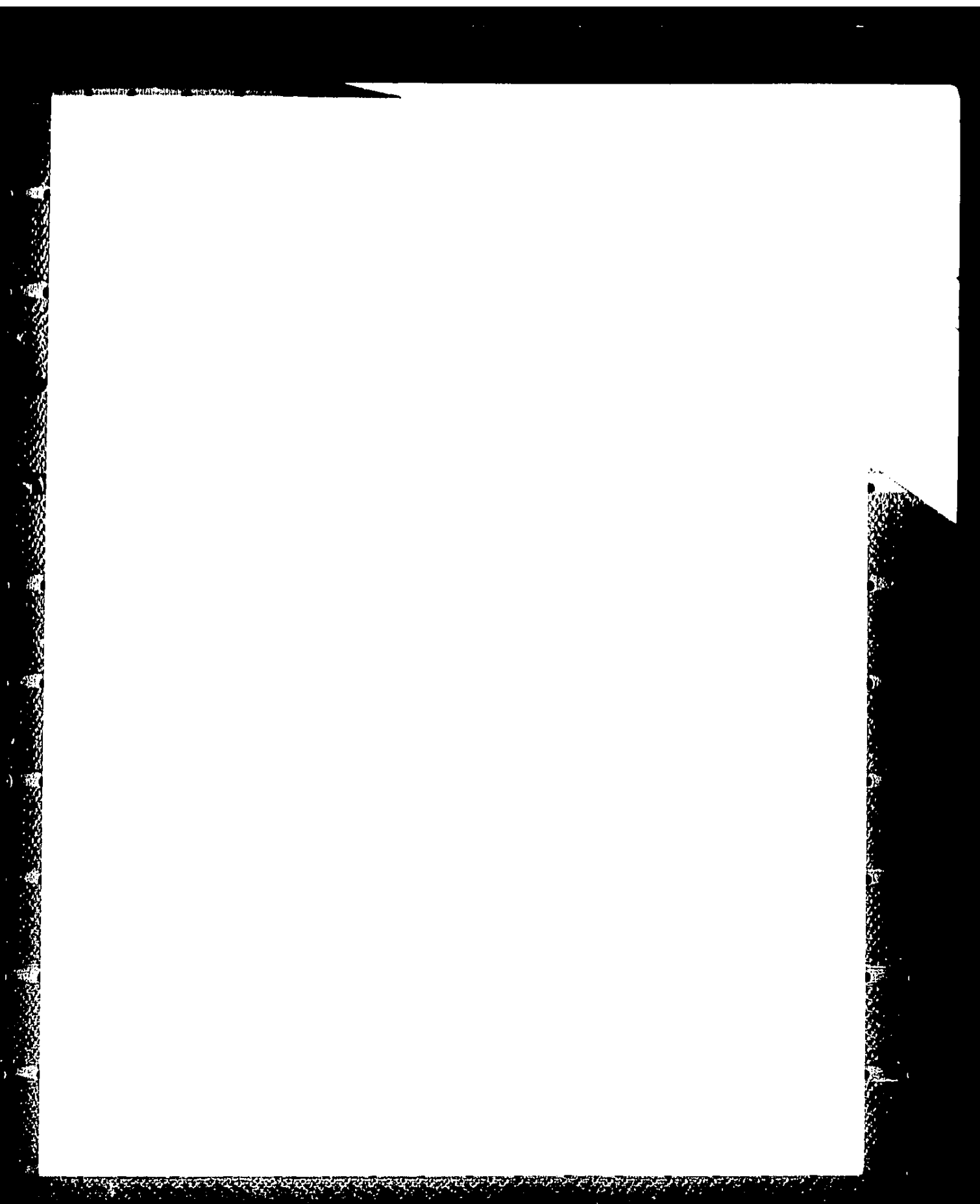
MIAMI FLORIDA 33126

City, State & Zip

305-228-8900---305-265-1098 305-322-1929

Daytime Telephone number

5/16/95
TB



ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LYDIA DE LEZAETA
8635 NW 8 ST #412 MIAMI FLORIDA #33126
FOX CHASE CONDOS

HECTOR BARALT

8635 NW 8 ST#412 MIAMI FLORIDA 33126
FOX CHASE CONDOS

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10 day of MAY, 19 95.

Hector Baralt
Signature

Lydia de Lezaeta
Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: TOCORORO TRAVEL AGENCY INC.

2. The name and address of the registered agent and office is:

HECTOR BARALT

(NAME)

8635 NW 8 ST #412 FOX CHASE CONDOS MIAMI FLORIDA 33126

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI FLORIDA 33126

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Hector Baralt
(SIGNATURE)

5/10/95

(DATE)

P95000038680

Tocororo Travel Agency, Inc.

(Requestor's Name)

8410 W. Flagler St., Suite 111-B

(Address)

Miami, FL 33144

(City, State, Zip)

(Phone #)

500001660525

-12/22/95--01021--003

*****35.00 *****35.00

OFFICE USE ONLY

SH DEC 21 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 15 11:26

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
95 DEC 15 AM 2:04
DIVISION OF CORPORATIONS

Examiner's Initials _____

**ARTICLES OF AMENDMENT
TO ARTICLES OF INCORPORATION OF
TOCORO⁰⁰ TRAVEL AGENCY, INC.**

Pursuant to the provisions of Section 607.1006 Florida Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation:

FIRST : The corporation adds article VI (number six) to its Articles of Incorporation to include an initial Board of Directors as follows:

Director, President and Treasurer	- Hector Baralt 8635 N.W. 8 St. Apt. 412 Miami, FL 33126
Director, Vice-Presid. and Secretary	- Lydia De Lezaeta 8635 N.W. 8 St. Apt. 412 Miami, FL 33126

SECOND : This addition (change) is effective 07/01/95.

THIRD : The amendment was approved by the shareholders. The number of votes casted was sufficient for approval of this change. The approval was done through a special meeting of the stockholders at the registered office maintained at 8635 N.W. 8 St. Apt 412, Miami, FL 33126.

The following signatures and persons recognize the above amendment as true and correct:

Board of Directors acceptance and approval :

Hector Baralt _____ President, Hector Baralt

Lydia de Lezaeta _____ Vice-President, Lydia De Lezaeta

Seal of the Corporation ----->

Date of amendment October 12, 1995

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 15 11:26

P95000038680

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Hector Baract EIN or SS#: 438-02-3718

Address: 5410 W Flagler St Suite 111-B
Miami Florida 33144

Amount: 225.00 Date Paid 6/14/96

Reason for claim: P95000038680 Over payment
Tecore Travel Agency, Inc
Duplicate billing

Certified true and correct this _____ day of _____, 19____.

Signature

Hector Baract

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 225.00

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 96906/00 dated 6/14/96

Name of Account

45202130001453000000000010000

Statutory Authority for Collection

607

It is requested that payment be made from the following account:

NAME OF ACCOUNT:

452021300014530000000022002000

Certified true and correct this _____ day of _____, 19____.

Department of State, Division of Corporations

(Agency)

(Authorized Signature and Title)

6/19/96