

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90042 018 ***150.00

DOCUMENT # P95000038680

1. Corporation Name

TOCORORO TRAVEL AGENCY INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8410 WEST FLAGLER STREET
MIAMI FL 33144

8410 WEST FLAGLER ST STE 111-B
MIAMI FL 33144

8212 W FLAGLER ST
MIAMI FL 33144
VIAJES A CUBA

2. Principal Place of Business

2a. Mailing Address

21 8212 W FLAGLER ST

26 8212 W FLAGLER ST

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

MIAMI, FL

MIAMI, FL

24 Zip Country

29 Zip Country

33144

33144

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/15/1995

4. FEI Number

65-0586332

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 owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

BARALT, HECTOR

TOCORORO TRAVEL

8410 W FLAGLER STREET,
MIAMI FL 33144

8212 W FLAGLER ST
MIAMI FL 33144

8212 W FLAGLER ST
VIAJES A CUBA

81 Name

BARALT, HECTOR

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

8212 W FLAGLER

83

84 City

MIAMI

FL

85 Zip Code

33144

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

Hector Baralt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/99

12. OFFICERS AND DIRECTORS

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PTD

BARALT, HECTOR

8599 NW 2ND LANE

MIAMI FL 33126

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSD

DE LEZAETA, LYDIA

8599 NW 2ND LANE

MIAMI FL 33126

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TOCORORO TRAVEL

8212 W FLAGLER ST

MIAMI FL 33144

VIAJES A CUBA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for 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 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, with all other like empowered.

SIGNATURE:

Hector Baralt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 (305) 228-8900

Date

Daytime Phone #

CR2E034 (1/98)