SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED
AND
FILED

97 AUG -7 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P95000054551 (3)

1. Corporation Name
SUNAZUR TRAVEL, INC.

Principal Place of Business	Mailing Address
4203 PONCE DE LEON BLD SUITE 1 CORAL GABLES FL 33146	4203 PONCE DE LEON BLD SUITE 1 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1995
3a. Date of Last Report: 05/01/1996

21	2. Principal Place of Business: 235 LINCOLN Rd.	26	2a. Mailing Address: 235 LINCOLN Rd.
22	Suite, Apt. #, etc.: #308	27	Suite, Apt. #, etc.: #308
23	City & State: MIAMI BEACH, FLORIDA	28	City & State: MIAMI BEACH, FLORIDA
24	Zip: 33139	25	Country: USA
29	Zip: 33139	30	Country: USA

4. FEI Number: 65-0602499 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOPEZ, ALFONSO F
4203 PONCE DE LEON BLD SUITE 1
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name: LÓPEZ, ALFONSO M.
82 Street Address (P.O. Box Number is Not Acceptable): 235 LINCOLN Rd.
83: suite #308
84 City: MIAMI BEACH, FL 85 Zip Code: 33139

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] AUGUST 01/97
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, ALFONSO		1.2 NAME	
STREET ADDRESS	201 CRANDON BLVD #605		1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GROVES, DORI		2.2 NAME	
STREET ADDRESS	201 CRANDON BLVD #605		2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	000002264404 ☐ Change ☐ Addition
NAME	LOPEZ, CARMEN N		3.2 NAME	-08/12/97--01044--005
STREET ADDRESS	201 CRANDON BLVD #605		3.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP	KEY BISCAYNE FL 33149		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, RALAEL		4.2 NAME	
STREET ADDRESS	201 CRANDON BLVD #605		4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	8/8/11
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (4/97)

14. I do 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.

SIGNATURE: [signature] SIGNATURE REQUIRED AUGUST 01/97 (305)673-4333