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 # **P95000057211 (1)**

1. Corporation Name

MGM TRAVEL AND TOURS INC.

Principal Place of Business	Mailing Address
10548 SW 8 ST SUITE 101 MIAMI FL 33174	10548 SW 8 ST SUITE 101 MIAMI FL 33174

3. Date Incorporated or Qualified: **07/25/1995**

3a. Date of Last Report:

4. FEI Number: **65-0603203** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 County: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

BRICENO, GIOVANNA
10548 SW 8 ST
SUITE 101
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name:

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

83

84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Section 607.0502, 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 such position as provided by Florida Statutes.

SIGNATURE: Date:

12. OFFICERS AND DIRECTORS

TITLE: PD NAME: BRICENO, GIOVANNA STREET ADDRESS: 10548 SW 8 ST SUITE 101 CITY-ST-ZIP: MIAMI FL 33174	☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-TITLE 1-NAME 1-STREET ADDRESS 1-CITY-ST-ZIP	☐ Change	☐ Addition
2-TITLE 2-NAME 2-STREET ADDRESS 2-CITY-ST-ZIP	☐ Change	☐ Addition
3-TITLE 3-NAME 3-STREET ADDRESS 3-CITY-ST-ZIP	☐ Change	☐ Addition
4-TITLE 4-NAME 4-STREET ADDRESS 4-CITY-ST-ZIP	☐ Change	☐ Addition
5-TITLE 5-NAME 5-STREET ADDRESS 5-CITY-ST-ZIP	☐ Change	☐ Addition
6-TITLE 6-NAME 6-STREET ADDRESS 6-CITY-ST-ZIP	☐ Change	☐ Addition

14. I do hereby certify that the information supplied with this filing is true and correct, furnished and does not qualify, for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an asterisk.

SIGNATURE: Giovanna Briceno 3-28-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)