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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**POCUMENT #** P95000072507 (3)

MR. TRAVEL CORP.

## **FILED** Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 11401 SW 40 ST 11401 SW 40 ST STE 320 STE 320 DO NOT WRITE IN THIS SPACE MIAMI FL 33165 **MIAMI FL 33165** 3. Date Incorporated or Qualified 09/18/1995 Principal Place of Business 2339 6 W 2a. Mailing Address Applied For 26 2039 Not Applicable 65-0610840 Suite, Apt. #, etc. Suite, Apt. #, etc \$8,75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing MIGMI Miami Added to Fees Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PERDOMO, JUAN 4110 SW 102 AVE. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** 83 Zip Code 84 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 Horida. 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, typod or parited name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS DELETE Change Addition 1.1 TITLE TITLE PERDOMO, JUAN NAME 1.2 NAM8 4110 SW 102 AVE. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE GARCIA, LUIS M. 2.2 NAME NAME 4110 SW 102 AVE. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33165 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DECETE Change 4.1 TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 27 5.4 CITY-ST-ZIP CITY-ST-ZIP -04/23/98--01013--03<mark>0<sup>1</sup> Change</mark> \*\*\*150.00 DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 of 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 attactivity it with an address.

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