## **PROFIT CORPORATION** ANNUAL REPORT

NAME

TITLE

NULE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZW

CITY ST 21P



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

•	1996		DIVISION OF	CORPOR	ATION:	S 	_			
DOCUMENT # P-95000073448										
PERUAN:	ITO TRAVEL OF MI	AMI ING	c.							:
Principal Place of Business Mailing Address										
1756 S.W. 8TH STREET 1756 S.W. 8TH ST						RТ				
	LORIDA. 33135		,FLORII							
AIMIL,I	Holden. 55155	111111	, L BORT		J J	-	0.00	La. Data	-11 D	
							3. Date Incorporated or Qualified		of Last Rep	nox
- 0		6- M-0-	n Address		· · · · · · · · · · · · · · · · · · ·		09/22/95 4. FEI Number	199	_	plied For
2. Principal Place of Business 2a. Mailing Address									, —, —, —,	t Applicable
Suite Aot #, etc.			Suite, Apt. #, etc.				65-0609283		\$8.75	
Suite, April 4, etc.			Apr. W. Otc.	W. 010.			5. Certificate of Status Desired		Fee Re	
City & State	y & State City & State						Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country Zip			Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Tyes No			
<del>  </del>	9. Name and Address of Curren	t Registered A	gent	<u> </u>			10. Name and Address of New Re	gistered A	gent	
	CAMBOC			ļ	81 1	lame				
CARLOS CAMPOS					82 Street Address (P.O. Box Number is Not Acceptable)					
1642 S.W. 20TH STREET MIAMI,FLORIDA. 33145										
MIAMI, F	LURIDA. 33145			[	83					
3154					84 (	City			85 Zip	Code
						•	•	FL		
11. Pursuant t office or re agent. I ar	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligi	2 and 607.1508 of Florida, Suc ations of, Section	8, Florida Statut h change was on 607.0505, Fl	tes, the at authorized orida Stat	oove n d by th utes.	amed cor e corpora	poration submits this statement for the attention's board of directors. I hereby acce	purpose of pt the appo	changing is sintment as	s registered registered
SIGNATURE .								DATÉ		
12.	Signature typed or printed name of registered age OFFICERS AN		ble (NO	E Registered	d Agent s	ignature requ	wed when reinstating)  ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
DILE	<del> </del>	D DIVECTORS	DELETE	1 1 1	TLE		ADDITIONS/OFFANGES TO GITT	OLIIO MID	Change	Addition
NAME	P/T/V		-	1.2 N					· - •	
STREET ADORESS	CAMPOS CARLOS	maaaa			rreet adi	DBF SS				
CITY-SI-ZIP	1642 S.W. 20TH : MIAMI, FLORIDA.	33145			TY-ST-Z		•			
TITLE			DELETE	2 1 1		<del>-  -</del>			Change	Addition
HALLE	CAMPOS CONSUELO			22 NJ		}			=	
STREET ADDRESS	1642 S.W. 20TH :	STREET			rreet adi	DRESS	•			
CITY-ST-ZIP	MIAMI, FLORIDA.	33145			TY-ST-2					
TITLE	<del> </del>		DELETE	317					Change	Addition
NAME				32 N	AME					
STREET ADDRESS				33 S	TREET AD	DRESS				
CITY-S1-2P					IY-S1-2			_		
1171 6	<del></del>		T DELETE	4 1 7					Channe	Addition

6 4 CITY - ST - ZIP CITY-ST-2MP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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 is Block 12 or Block 13 or epanged, or on an attachment with an address.

4.2 NAME

5 1 TITLE

52 NAME

6 3 TITLE

62 NAME 63 STREET ADDRESS

DELETE

DELETE

43 STREET ADORESS

**53 STREET ADDRESS** 

54 CHTY-ST-ZIP

4 4 CITY - ST - ZIP

**SIGNATURE** 

PRESIDENT

\*\*\*200.00

300001810363 -05/07/96--01017--018

04/24/96

Daytime Phone #

☐ Change

Addition

Addition