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 # **P95000091557 (5)**

1. Corporation Name

ALAMEDA TRAVEL AND TOURS INC.

Principal Place of Business	Mailing Address
5858 W 20 AVE HIALEAH FL 33016	5858 W 20 AVE HIALEAH FL 33016

3. Date Incorporated or Qualified: 11/29/1995

3a. Date of Last Report:

2. Principal Place of Business
21: 5864 West 20 Avenue
22: Suite, Apt. #, etc.
23: City & State: Hialeah, Florida
24: Zip: 33016
25: Country: U.S.A

2a. Mailing Address
26: 5864 West 20 Avenue
27: Suite, Apt. #, etc.
28: City & State: Hialeah, Florida
29: Zip: 33016
30: Country: USA

4. FEI Number: 65-0626239 ☐ 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

9. Name and Address of Current Registered Agent

IZQUIERDO, MARTA
5858 W 20 AVE
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name: MARTA IZQUIERDO
82 Street Address (P.O. Box Number is Not Acceptable): 5864 West 20 Avenue
83:
84 City: Hialeah, FL **FL** 85 Zip Code: 33016

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: MARTA IZQUIERDO, President
Signature of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	IZQUIERDO, MARTA	
STREET ADDRESS	2761 W 74 ST	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VD	☐ DELETE
NAME	IZQUIERDO, JOSE A	
STREET ADDRESS	2761 W 74 ST	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARTA IZQUIERDO/PRESIDENT 4/6/96 (305)821-5287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #