

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000012825 (1)

1. Corporation Name
ELA TRAVEL CORP.

FILED

97 JUL -1 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
241 SEVILLA AVENUE
SUITE 1005
CORAL GABLES FL 33134

Mailing Address
241 SEVILLA AVENUE
SUITE 1005
CORAL GABLES FL 33134-6619

3. Date Incorporated or Qualified
02/09/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

4. FEI Number
65-0664259

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

10. Name and Address of New Registered Agent

~~ALLEN, GEORGE F~~ MARTIN CASTELINO
241 SEVILLA AVENUE
SUITE 1005
CORAL GABLES FL 33134

81 Name MARTIN CASTELINO
82 Street Address (P.O. Box Number is Not Acceptable)
241 SEVILLA AVE.
83 SUITE 1005
84 City CORAL GABLES FL 85 Zip Code 33134

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 for 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 *Martin Castelino* MARTIN CASTELINO DATE 4/20/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE F. DANIEL SAPPRE ☐ DELETE
NAME
STREET ADDRESS 65 PINTA ROAD
CITY-ST-ZIP COCONUT GROVE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VICE PRESIDENT/SECRETARY ☐ DELETE
NAME MARTIN P. CASTELINO
STREET ADDRESS 14750 SW 95 AVENUE
CITY-ST-ZIP MIAMI, FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 600002232106--5
2.4 CITY-ST-ZIP -07/07/97--01178--002
***165.00 ***165.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 person 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 with an attachment with an address.

SIGNATURE *Martin Castelino* DATE 4/20/97

CR2E034 (9/96)