1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037677

1. Corporation Name

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90149 004 ***150.00

| PUERTO | BELLO TRAVEL CORP | | | | | - | | | | | |
|--|--|--|--|--|--|--|--|-----------------------------------|----------------------|----------------------|------------------------------------|
| Principal Place | e of Business | Mailing Ad | ldress | | | | - | ir Adiri Bālfi goi or | FILE I FOIC | | II 1881 1881 |
| 7415 GATEHOUSE CIR #168 | | 7415 GATEHOUSE CIR., #168 | | | | | | | | | |
| ORLANDO FL 32807 | | ORLANDO FL 32807 | | | | | DO NOT I | VOITE IN THIS | CDACE | | • |
| | | | | | | | 3. Date incorporated or Quali | VRITE IN THIS | SPACE | | |
| | | | | - | | | 05/01/1996 | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing | Address | | | | 4. FEI Number | | | Applie | ed For |
| 21 | | 26 | | | | | 59-3387440 | | | Not A | pplicable |
| Suite, Apt. | #, etc. | Suite, A | Apt. #, etc. | | | | 5. Certificate of Status Desired | d 🗆 | | | ditional |
| 22 | | 27 | | | | | 5. Octational of Status Section 5. | | | Requ | |
| City & State | . · | City & | State | | | | 6. Election Campaign Financi | ng | | 00 M | |
| 23 | Country | 28 | | Count | | | Trust Fund Contribution | | | led to I | rees |
| Zip | Country | Zip | ١ | Count | шy | | 8. This corporation owes the Personal Property Tax. | current year int | angible Yes | X | No |
| 24 | 9. Name and Address of Current | 29 Registered A | | 30 | | | 10 Name and Address of Ne | w Registered | | | <u> </u> |
| | g. Name and Address of Current | Registered A | gont | 8 | 31 N | Name | 10. | | | | |
| SANI | DOVAL-MOLINA, LUIS O | | | 1 | 32 S | | (D.O. Bay Number in Not Aco | antable) | <u> </u> | | |
| 7415 GATEHOUSE CIR., #168 | | | | | | Street Addre | ess (P.O. Box Number is Not Acc | ертавіе) | | | |
| ORLA | ANDO FL 32807 | | | E | 33 | • | | | | | |
| | | | | - | | D'4- | | | 85 | Zip Cod | do |
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| office or re agent. I ar SIGNATURE | egistered agent, or both, in the State of m familiar with, and accept the obligation | ons of, Section | i change was au i 607.0505, Flor | ithonzed t ida Statut | es. | e corporation | oration submits this statement for n's board of directors. I hereby at the properties of the propertie | the purpose of ccept the appoi | changing ntment a | s r e gis | reien [|
| office or re agent. I ar SIGNATURE | agistared agent or both in the State of | ons of, Section and title if applicable | n change was at n 607.0505, Flor . (NOTE: | ithonzed t ida Statut | es. | e corporation | n's board of directors. I hereby ad | DATE | ID DIRE | CTOR | S IN 12 |
| office or re agent. I ar SIGNATURE | egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent | ons of, Section and title if applicable | n change was at n 607.0505, Flor . (NOTE: | ithorized to | es. | e corporation | n's board of directors. Thereby at | DATE | nunent a | CTOR | (|
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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 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 passes 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, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OF PRINTED NAME OF S

407-2736765.