

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 16 1997 8:00am  
Secretary of State

DOCUMENT # P96000040762 (2)

1. Corporation Name  
EUROPA TRAVEL, INC.



Principal Place of Business  
832 W. BOYNTON BEACH BLVD. STE 4  
BOYNTON BEACH FL 33435

Mailing Address  
332 W. BOYNTON BEACH BLVD. STE 4  
BOYNTON BEACH FL 33435-4065

3. Date Incorporated or Qualified 05/06/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 835 Bentwater Circle  
Suite, Apt. #, etc.  
22 #201  
City & State  
23 Naples, FL  
Zip  
24 34108  
Country  
25

2a. Mailing Address  
26 835 Bentwater Circle  
Suite, Apt. #, etc.  
27 #201  
City & State  
28 Naples, FL  
Zip  
29 34108  
Country  
30

4. FEI Number 65-0664954  
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

BROWN, LINDA  
332 W. BOYNTON BEACH BLVD. STE 4  
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name M. Anthony  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 835 Bentwater Circle, #201  
84 City Naples FL 85 Zip Code 34108

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 *M. Anthony*  
Signature, typed or printed name of registered agent and title if applicable

4/30/97  
DATE

(NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS

TITLE  
NAME D SUPPES, MICHELLE  
STREET ADDRESS 225 PARK AVENUE STE 211  
CITY-ST-ZIP NEW YORK NY 10169  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President/Director  
12 NAME Rivas Christie, David  
13 STREET ADDRESS 195 Tenth Ave.  
14 CITY-ST-ZIP New York, NY 10011  
☒ Change ☐ Addition

21 TITLE Corporate Secretary  
22 NAME Polland, Milton  
23 STREET ADDRESS 195 Tenth Ave.  
24 CITY-ST-ZIP New York, NY 10011  
☐ Change ☒ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
☐ Change ☐ Addition

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 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 *D. Christie* Rivas Christie, David 4/30/97 212-288-3786

CR2E034 (9/96)