

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90059 002 ***150.00

DOCUMENT # P96000053029

1. Corporation Name

INTERNATIONAL TRAVEL SERVICES CORPORATION

Principal Place of Business

3400 CORAL WAY, SUITE 208
MIAMI FL 33145

Mailing Address

3400 CORAL WAY, SUITE 208
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1996

4. FEI Number

65-0677178

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1410 NW 82 AVENUE

Suite, Apt. #, etc.

22 MIAMI - FL

City & State

23

Zip

Country

24 33126

25 USA

2a. Mailing Address

26 P.O. BOX 52-4343

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

Country

29 33152-4343

30

USA

9. Name and Address of Current Registered Agent

* SUARTE, MANUEL
3400 CORAL WAY
STE 208
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name DUARTE, MANUEL

82 Street Address (P.O. Box Number is Not Acceptable)

1410 NW 82 AVE

83 MIAMI - FL 33126

84 City MIAMI

FL

85

Zip Code

33126

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 U. DUARTE MANUEL DUARTE, P

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

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE
NAME CONEJERO DE SALOMON, AIDA
STREET ADDRESS 3400 CORAL WAY, SUITE 208
CITY-ST-ZIP MIAMI FL

TITLE ST ☐ DELETE
NAME SUARTE, ANA
STREET ADDRESS 3400 CORAL WAY STE 208
CITY-ST-ZIP MIAMI FL

TITLE PCDS ☐ DELETE
NAME DUARTE, MANUEL
STREET ADDRESS 3400 CORAL WAY, SUITE 208
CITY-ST-ZIP MIAMI FL

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 VPD ☒ Change ☐ Addition
1.2 NAME AIDA CONEJERO DE SALOMON
1.3 STREET ADDRESS 1410 NW 82 AVENUE
1.4 CITY-ST-ZIP MIAMI - FL. 33126

2.1 TITLE ST ☒ Change ☐ Addition
2.2 NAME ANA DUARTE
2.3 STREET ADDRESS 1410 NW 82 AVENUE
2.4 CITY-ST-ZIP MIAMI - FL. 33126

3.1 TITLE PCDS ☒ Change ☐ Addition
3.2 NAME MANUEL DUARTE
3.3 STREET ADDRESS 1410 NW 82 AVE
3.4 CITY-ST-ZIP MIAMI - FL. 33126

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

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 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, with all other like empowered.

SIGNATURE:

U. DUARTE MANUEL DUARTE, P

PCDS

4/27/99

Date

(305) 418-1733

Daytime Phone #

CR2E034 (11/98)