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Sep 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P96000074986

1. Corporation Name

FANCY TRAVEL ENTERPRISE, INC.

Principal Place of Business / Mailing Address

6508 N.W. 186th STREET
MIAMI LAKES, FLORIDA 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1996

4. FEI Number: 65-0696542 ☐ Applied For ☐ Not Applicable

	2. Principal Place of Business	2a. Mailing Address
	21 6508 N.W. 186th ST.	26 6508 N.W. 186th ST.
Suite Apt #, etc	22	27
City & State	23 MIAMI LAKES, FL	28 MIAMI, LAKES, FL
Zip / Country	24 33014 / 25 USA	29 33014 / 30 usa

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 or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GREYS,BUENDIA
6508 N.W. 186th ST.
MIAMI LAKES, FL. 33015

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE DIRECTOR	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition VILMA JOLEANES 6548 N.W. 197th LANE MIAMI LAKES, FL 33015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE PRESIDENT, TREASURER & DIRECTOR	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition GREYS BUENDIA 6548 N.W. 197th LANE MIAMI LAKES, FL 33015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE DIRECTOR	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition ROSA CERA 17411 N.W. 47th AVE. CAROL CITY, FLORIDA 33055
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE SECRETARY & DIRECTOR	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition JUDITH GONZALEZ 6508 N.W. 186th ST. MIAMI LAKES, FLORIDA 33015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 200002638852 -09/14/98--01134--035 ***150.00

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 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: [signature] DIRECTOR 09/07/98 305-824-4884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Telephone # and Date

CR2E034 (10/97)