

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  
Apr 02 1997 8:00am  
Secretary of State

DOCUMENT # P96000077610 (9)

1. Corporation Name  
DELEN TRAVEL AGENCY INC.



Principal Place of Business

13000 N MIAMI AVE  
MIAMI FL 33168

Mailing Address

13000 N MIAMI AVE  
MIAMI FL 33168-4641

2. Principal Place of Business

21 561 N.E. 79 St  
Suite, Apt. #, etc.

22 237  
City & State

23 Miami Florida

Zip Country

24 33138 25 USA

2a. Mailing Address

26 561 N.E. 79 St  
Suite, Apt. #, etc.

27 237  
City & State

28 Miami Florida

Zip Country

29 33138 30 USA

9. Name and Address of Current Registered Agent

BERTRAND, DESILE  
13000 N MIAMI AVE  
MIAMI FL 33168

3. Date Incorporated or Qualified

09/16/1996

3a. Date of Last Report

4. FEI Number

650698428

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

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

Signature of person in place of name of registered agent and title. If applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BERTRAND, DESILE  
STREET ADDRESS 13000 N MIAMI AVE  
CITY-ST-ZIP MIAMI FL 33168

TITLE VD ☐ DELETE

NAME BERTRAND, MARIE MARLENE C  
STREET ADDRESS 13000 N MIAMI AVE  
CITY-ST-ZIP MIAMI FL 33168

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

Desile BERTRAND

March 20 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (9/96)