

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

FILED
Jun 16 1998 8:00am
Secretary of State

PROFESSIONAL CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P96000097445 (6)

1. Corporation Name

ANGY TRAVEL, ENVIOS INTERNACIONALES, INC.

Principal Place of Business

Mailing Address

5370 PALM AVE., STE. 10
HIALEAH FL 33012

5370 PALM AVE., STE. 10
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1996

4. FEI Number 65-0841484

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

2. Principal Place of Business

2a. Mailing Address

21 4311 Palm Ave

26 4311 Palm Ave

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 2

27 2

City & State

City & State

23 Hialeah, FL

28 Hialeah, FL

Zip

Country

Zip

Country

24 33012

25

29 33012

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANGULO, EUSEBIO E
241 E. 54 ST.
HIALEAH FL 33013

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 Eusebio E. Angulo

Signature of person authorized to change the registered office or registered agent

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME DP
STREET ADDRESS ANGULO, EUSEBIO E
CITY-ST-ZIP 241 E. 54 ST.
HIALEAH FL 33013

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME DV
STREET ADDRESS GARCIA, MARLENE E
CITY-ST-ZIP 8365 PALM AVE., APT. 6
HIALEAH FL 33013

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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.

CR2E034 (10/97)