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Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90007 041 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **P97000003368**
 Corporation Name
MARTELLY TRAVEL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 149 NW 99TH STREET, MIAMI SHORES FL 33150
 Mailing Address: 149 NW 99TH STREET, MIAMI SHORES FL 33150

3. Date Incorporated or Qualified: **01/13/1997**

4. FEI Number: **65-0741661** 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

26. Mailing Address: Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent
MARTELLY, LEANDRA C
149 NW 99TH STREET
MIAMI SHORES FL 33150

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

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: _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
AE	PD MARTELLY, LEANDRA C 149 NW 99TH STREET MIAMI SHORES FL 33150	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE	VEET ADDRESS	1.2 NAME	
AE	Y-ST-ZIP	1.3 STREET ADDRESS	
AE	VEET ADDRESS	1.4 CITY-ST-ZIP	
AE	VD MARTELLY, LESLEY 149 NW 99TH STREET MIAMI SHORES FL 33150	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE	VEET ADDRESS	2.2 NAME	
AE	Y-ST-ZIP	2.3 STREET ADDRESS	
AE	VEET ADDRESS	2.4 CITY-ST-ZIP	
AE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE		3.2 NAME	
AE		3.3 STREET ADDRESS	
AE		3.4 CITY-ST-ZIP	
AE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE		4.2 NAME	
AE		4.3 STREET ADDRESS	
AE		4.4 CITY-ST-ZIP	
AE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE		5.2 NAME	
AE		5.3 STREET ADDRESS	
AE		5.4 CITY-ST-ZIP	
AE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE		6.2 NAME	
AE		6.3 STREET ADDRESS	
AE		6.4 CITY-ST-ZIP	

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 09/01/99 Date
 305-759-3008 Daytime Phone #

CR2E034 (1/98)