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FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000004007 (5)
1. Corporation Name

AJ TRAVEL SERVICE, INC.



Principal Place of Business
19547 N.W. 55TH CIRCLE PLACE
MIAMI FL 33055

Mailing Address
19547 N.W. 55TH CIRCLE PLACE
MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/15/1997

4. FEI Number

65-0718507

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

9. Name and Address of Current Registered Agent

EDWARDS-LEVY, JULIET
19547 N.W. 55TH CIRCLE PLACE
MIAMI FL 33055

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME EDWARDS-LEVY, JULIET
STREET ADDRESS 19547 N.W. 55TH CIRCLE PLACE
CITY-ST-ZIP MIAMI FL 33055 ☐ DELETE

TITLE D
NAME MCBEAN, ANGEL
STREET ADDRESS 811 NE 199TH STREET #108
CITY-ST-ZIP MIAMI FL 33179 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 SECRETARY
2.2 NAME SYLVIA EDWARDS
2.3 STREET ADDRESS 19532 NW 55th Circle Place
2.4 CITY-ST-ZIP Miami FL 33055 ☐ Change ☒ Addition

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 10000256501
5.2 NAME -06/19/98--01017-040
5.3 STREET ADDRESS ***158.75 ☐ Change ☐ Addition

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.

SIGNATURE

Juliet Levy 1/12/98 305-620-1886

CR2E034 (10/97)