

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

FILED
Mar 09 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 # P97000015152 (6)

1. Corporation Name

MULTI-TRAVEL & TOURS AGENCY, INC.

Principal Place of Business

1611 N.E. 172 ST.
N. MIAMI BEACH FL 33162

Mailing Address

1611 N.E. 172 ST.
N. MIAMI BEACH FL 33162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 600 BRICKELL AVENUE

Suite, Apt. #, etc.

22 300-S

City & State

23 MIAMI, FLORIDA

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 600 BRICKELL AVENUE

Suite, Apt. #, etc.

27 300-S

City & State

28 MIAMI, FLORIDA

Zip

29 33131

Country

30 USA

3. Date Incorporated or Qualified

02/17/1997

4. FEI Number

65-0730382

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

MORENO, IVAN O
1611 N.E. 172 ST.
N. MIAMI BEACH FL 33162

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 ☐ DELETE

NAME D MORENO, CECILIA
STREET ADDRESS 1611 N.E. 172 ST.
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE ☐ DELETE

NAME D SAAVEDRA, ILIANA
STREET ADDRESS 1611 N.E. 172 ST.
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE ☐ DELETE

NAME D MORENO, IVAN O
STREET ADDRESS 1611 N.E. 172 ST.
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 600 BRICKELL AVENUE # 300-S
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33131

2.1 TITLE VICE-PRESIDENT ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 600 BRICKELL AVENUE # 300-S
2.4 CITY-ST-ZIP MIAMI, FLORIDA 33131

3.1 TITLE SECRETARY ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 600 BRICKELL AVENUE # 300-S
3.4 CITY-ST-ZIP MIAMI, FLORIDA 33131

4.1 TITLE TREASURER ☐ Change ☒ Addition

4.2 NAME JULIO C. SAAVEDRA
4.3 STREET ADDRESS 600 BRICKELL AVENUE # 300-S
4.4 CITY-ST-ZIP MIAMI, FLORIDA 33131

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 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:

01/31/98 (305)394-6662

CR2E034 (1097)