

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90009 011 ***155.00

DOCUMENT # **P97000018088** ✓

Corporation Name
SAYAGO TOURS & TRAVEL SERVICES, INC.

Principal Place of Business

S.E. 2ND AVENUE
TE 348
MI FL 33131

Mailing Address

25 S.E. 2ND AVENUE
SUITE 348
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1997

4. FEI Number

65-0739346

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. ☐ Yes ☒ No

Principal Place of Business

764 Arthur Godfrey Rd.

2a. Mailing Address

764 Arthur Godfrey Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, Fl.

City & State

Miami Beach, Fl.

Zip

33140

Country

USA

Zip

33140

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZAYAS, ARIEL
910 WEST AVENUE
SUITE 716
MIAMI BEACH FL 33139

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD ☐ DELETE
BENZA, MARIA S
ST ADDRESS **2625 COLLINS AVE., APT 1908**
ST-ZIP **MIAMI BEACH FL 33140**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD ☒ Change ☐ Addition
BENZA MARIA S.
2170 N.E. 120th. STREET
N. MIAMI, FL. 33181

☐ DELETE
ST ADDRESS
ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE
ST ADDRESS
ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE
ST ADDRESS
ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE
ST ADDRESS
ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE
ST ADDRESS
ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE: MARIA BENZA

DATE: 28, 99

DAYTIME PHONE # 305.695-0565

CR2E034 (5/99)



PA 700 0018088
614212-90009-11

11 May 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir Or Madam:

Enclosed please find 1999 Sayago Tours & Travel Services Corporation Annual Report and also a copy of the Report that was sent late March after we moved to a new location . After I received the second notice I realize that possibly have got lost in the mail.

Please consider this inconvient and wave the reinstatement fee.

If you have any question, please call (305)695-0565

Sincerely Yours,


Maria S. Benza