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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

<b>DOCUMENT #</b>	P97000057290
	I CICCOLLO

1. Corporation Name

MARY TRAVEL SERVICES CORP.

Principal Plac	e of Business	Mailing Address					
935-A SW 87 A		935-A SW 87 AVE					
MIAMI FL 3317	4	MIAMI FL 33174			DO NOT WRITE IN THIS	SISPACE	
					3. Date Incorporated or Qualified	OFFICE	
l I					06/30/1997		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	[ Ap	plied For
21		26			<del>-65 0772478</del> - 650763633	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	vdditional
22		27			5. Certificate of Status Desired	Fee Re	quired
City & Stat	te	City & State			6. Etection Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zıp	Country	Zip	Country		8. This corporation owes the current year In		
24	25	[29] [30			Personal Property Tax	(1Yes	<b>X</b> (No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
Eeti	rada. Maria e		61	Name			
	rada, maria e I Fountainebleau BLVD		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
#26			83	1			
š	MI FL 33172		63				
MIN	WI I C 30172		84	City	<b>-</b> ,	85   Zip C	Code
<u></u>		a convenience of Terror.		 	F.L.	-	raniatarad
f office or r	registered agent, or both, in the State of	of Florida. Such change was autho	orized by	the corporation	ioration submits this statement for the purpose o on's board of directors. Thereby accept the appo	intment as rec	gistered
agentla	im familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes				
SIGNATURE	Signature, typed or prailed name of registered again	niou de	diana Lasa	de la companya de la	stwice realization DATE		
12.	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	13.	a signature respect	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	[ ] DELETE	1 1 TIPLE			[   Change	[   Addition
NAME	ESTRADA, MARIA E		1.2 NAME	1	600002820	)446·	S
STREET ADDRESS	935-A SW 87 AVE		13 STREET	ADDRESS	-03/26/99	01104	009
C/TY-ST-Z/P	MIAMI FL 33174		14 O(1Y-S	1 - <b>2</b> 16	****163.75	<b>                                       </b>	
TITLE	STD	[] DEVETE	21 TITLE		-	[ ] Change	[   Addition
NAME	ESTRADA, JOSE		22 NAME				
STREET ADORESS			23 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174		2 4 CITY-S	1 - <b>Z</b> (F)			
TITLE		[   DELETE	3 1 TI*LE			[   Change	[ ] Addition
NAME			3.2 NAME				
STREET ADORESS			3.3 STREE	ADORESS			
Cffy-ST-ZiP			34 CITY S	iT - Z(F)			
TITLE		[] DELETE	4 ) TILE			[   Change	[]] Addition
NAME			4 2 NAME				
STREET ADDRESS			43 STREE	ADDRESS			
CITY-ST-ZiP			4.4 C/TY+S	T-ZiP			
TITLE		[ ] DECETE	5.1 TITLE		$\omega_{\mathcal{Y}}$	Change	ncrlibbA [ ]
NAME			5.2 NAME		$\mathcal{Y}_{6}$	, UV	
STREET ADDRESS			53 STREE	ADDRESS		1 1	
CITY ST-ZIP	<u> </u>		54 OTY-S	1-216	<i>)</i> (e		
TITLE		[ ] DELETE	61 TITLE			[   Change	[ ] Addition
NAME			6.2 NAME				
STREET ADORESS			635THEE	ADDRESS			
ſ			C 4 C-11 C	7.7.1			

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, with all other like empowered.

SIGNATURE:

UNION E ESTANDA MARIA E ESTRADA 03-10-99 (305) 2602188
URE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR