

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

FILED
Apr 28 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 # P97000064694 (7)

1. Corporation Name

SPA TRAVEL, INC.

Principal Place of Business

Mailing Address

4401 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

4401 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

65-0780997

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERPENING, ROBERT J
4401 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PDC ☐ Change ☒ Addition
1.2 NAME DALMAU, JORDI
1.3 STREET ADDRESS 4401 PONCE DE LEON BLVD
1.4 CITY-ST-ZIP CORAL GABLES, FLORIDA 33145

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME DALMAU, AURORA
2.3 STREET ADDRESS 4401 PONCE DE LEON BLVD.
2.4 CITY-ST-ZIP CORAL GABLES, FLORIDA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE VT ☐ Change ☒ Addition
3.2 NAME DALMAU, JORGE
3.3 STREET ADDRESS 4401 PONCE DE LEON BLVD
3.4 CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE V ☐ Change ☒ Addition
4.2 NAME DALMAU, JAVIER
4.3 STREET ADDRESS 4401 PONCE DE LEON BLVD
4.4 CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE VS ☐ Change ☒ Addition
5.2 NAME TERPENING, ROBERT J.
5.3 STREET ADDRESS 4401 PONCE DE LEON BLVD
5.4 CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE V ☐ Change ☒ Addition
6.2 NAME LEON, ALAIN
6.3 STREET ADDRESS 4401 PONCE DE LEON BLVD.
6.4 CITY-ST-ZIP CORAL GABLES, FL 33146

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.

CP2E034 (10/97)