

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90206 046 ***150.00

DOCUMENT # P97000096050

1. Corporation Name

CRUZ "N" TRAVEL FIESTA, INC.



Principal Place of Business

17 SOUTH FT HARRISON
CLEARWATER FL 33756

Mailing Address

17 SOUTH FT HARRISON
CLEARWATER FL 33756

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1997

4. FEI Number

59-3469060

Applied For

No: 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 Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 8647-2 Little Rd

2a. Mailing Address

26 8647-2 Little Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NEW Port Richey FL

City & State

28 NEW Port Richey FL

Zip

24 34654

Country

25 USA

Zip

29 34654

Country

30 USA

9. Name and Address of Current Registered Agent

CRUZ, SHARON
17 SOUTH FT HARRISON
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8647-2 Little Rd

83

84 City NEW Port Richey FL

85 Zip Code

34654

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

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

SHARON CRUZ - PRESIDENT

1-26-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CRUZ, SHARON
STREET ADDRESS 17 SOUTH FT HARRISON
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ DELETE

NAME CRUZ-HUDSON, LORI L
STREET ADDRESS 17 SOUTH FT HARRISON
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ DELETE

NAME CRUZ, SIGFREDO
STREET ADDRESS 17 SOUTH FT HARRISON
CITY-ST-ZIP CLEARWATER FL 33756

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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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: *Sharon Cruz* SHARON CRUZ President 1/26/99 727-848-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)