

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

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

04-26-1999 90206 046 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**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

2. Principal Place of Business  
 21 **8647-2 Little Rd**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **8647-2 Little Rd**  
 Suite, Apt. #, etc.

22 City & State  
 23 **NEW Port Richey FL**

24 Zip **34654** 25 Country **USA**  
 29 Zip **34654** 30 Country **USA**

3. Date Incorporated or Qualified  
**11/07/1997**

4. FEI Number  
**59-3469060**

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

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* **SHARON CRUZ - PRESIDENT** 1-26-99  
Signature, typed or printed name of registered agent, and title if applicable. (NONE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRUZ, SHARON</b>	1.2 NAME	
STREET ADDRESS	<b>17 SOUTH FT HARRISON</b>	1.3 STREET ADDRESS	<b>8647-2 LITTLE RD</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	1.4 CITY-ST-ZIP	<b>NEW Port Richey FL 34654</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRUZ-HUDSON, LORI L</b>	2.2 NAME	
STREET ADDRESS	<b>17 SOUTH FT HARRISON</b>	2.3 STREET ADDRESS	<b>8647-2 LITTLE RD</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	2.4 CITY-ST-ZIP	<b>NEW Port Richey FL 34654</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRUZ, SIGFREDO</b>	3.2 NAME	
STREET ADDRESS	<b>17 SOUTH FT HARRISON</b>	3.3 STREET ADDRESS	<b>8647-2 LITTLE RD</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	3.4 CITY-ST-ZIP	<b>NEW Port Richey FL 34654</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, 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 (1/98)