

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90086 017 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000001012**

1. Corporation Name

**CORPORATE & LEISURE TRAVEL, INC**

Principal Place of Business

700 S.W. 36TH AVENUE  
MIAMI FL 33135

Mailing Address

700 S.W. 36TH AVENUE  
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1998

4. FEI Number

65-0811938

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3663 S.W. 8th Street

Suite, Apt. #, etc.

22 Third Floor

23 City & State  
MIAMI FL

24 Zip 33135

Country USA

2a. Mailing Address

26 3663 S.W. 8th Street

Suite, Apt. #, etc.

27 Third Floor

28 City & State  
MIAMI FL

29 Zip 33135

Country USA

9. Name and Address of Current Registered Agent

VALLS, FELIPE A  
700 S.W. 36TH AVENUE  
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name	VALLS, FELIPE A.
82 Street Address (P.O. Box Number is Not Acceptable)	3663 SW 8th St Miami FL 33135 3rd Floor
83	
84 City	Miami
85 Zip Code	FL 33135

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)

1/28/99

12. OFFICERS AND DIRECTORS

TITLE	D/PRESIDENT	<input type="checkbox"/> DELETE
NAME	VALLS, FELIPE A	
STREET ADDRESS	700 S.W. 36TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VALLS, SR FELIPE	
1.3 STREET ADDRESS	3663 S.W. 8th ST 3RD FLOOR	
1.4 CITY-ST-ZIP	MIAMI, FL 33135	
2.1 TITLE	SECRETARY / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TORRES DE NAVARRA, CARLOS	
2.3 STREET ADDRESS	700 S.W. 36th AVE	
2.4 CITY-ST-ZIP	MIAMI, FL 33135	
3.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEDN, TERRY	
3.3 STREET ADDRESS	700 S.W. 36th Ave.	
3.4 CITY-ST-ZIP	MIAMI, FL 33136	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE AND OFFICER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

CARLOS TORRES DE NAVARRA

1/28/99 (305) 446

4916

CR2E034 (1/98)