

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
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90059 003 ***158.75

DOCUMENT #

1. Corporation Name

BRICKELL INTERNATIONAL TRAVEL
ASSOCIATES

555036 - 90059 - 3

Principal Place of Business

Mailing Address

920 NW 34 AVE
MIAMI, FL 33125

920 NW 34th AVE
MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

March 2, 1998

4. FEI Number

65-0826451

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

21 920 NW 34 AVE

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33125

Country

25 U.S.A.

2a. Mailing Address

26 920 NW 34 AVE

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33125

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANNY SARMIENTO
920 NW 34 AVE
MIAMI, FL 33125

81 Name

MANNY SARMIENTO

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

920 NW 34 AVE

83

84 City MIAMI

FL

85 Zip Code 33125

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

MANNY SARMIENTO

4/29/99

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 P ☐ DELETE

NAME EMMANUEL SARMIENTO

STREET ADDRESS 920 NW 34 AVE

CITY-ST-ZIP MIAMI, FL 33125

TITLE VP ☒ DELETE

NAME CONCEPCION CAMINO

STREET ADDRESS 3035 CORAL WAY

CITY-ST-ZIP MIAMI, FL 33145

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE P ☐ Change ☐ Addition

1.2 NAME EMMANUEL SARMIENTO, JR.

1.3 STREET ADDRESS 920 NW 34 AVE

1.4 CITY-ST-ZIP MIAMI, FL 33125

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME MICHELE DE-FILIPPIS

3.3 STREET ADDRESS 235 NE 4th AVE #102

3.4 CITY-ST-ZIP DELRAY BCH, FL 33483

4.1 TITLE DS ☐ Change ☒ Addition

4.2 NAME TANIA M. TORAL

4.3 STREET ADDRESS 5420 NW 114 AVE #101

4.4 CITY-ST-ZIP MIAMI, FL 33166

5.1 TITLE DT ☐ Change ☒ Addition

5.2 NAME MIGUEL PARAN JR

5.3 STREET ADDRESS 209 SE 9 AVE

5.4 CITY-ST-ZIP HIALEAH, FL 33012

6.1 TITLE ☐ Change ☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMMANUEL SARMIENTO

Date

Daytime Phone #

CR2E034 (11/98)