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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000025209

1. Corporation Name

ALOHA DESTINATIONS, INC.

| Principal Place | of Business | Mailing Address | | | 11881,100 1010 1011 1011 | | |
|--|--|---|--|---|---|---------------------|----------------------------|
| 14393 SW 38 S | | 14393 SW 38 ST | | | } | | |
| MIAMI FL 33175 | i | MIAMI FL 33175 | | | DO NOT WRITE IN THE | S SPACE | |
| | | | | | 3 Date Incorporated or Qualifed | 0 01 7102 | |
| ı | | | | | 03/16/1998 | | ĺ |
| a Principal Pt | lace of Business | 2a. Mailing Address | | | 4 FEI Number | Apr | plied For |
| 21 1355 | | 26 | | | 65-0821480 | Not | t Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 A Fee Red | |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 | · |
| 23 MIA | +MI, FC | 28 | | | Trust Fund Contribution | Added to | |
| ^{Zip} 33 | 186 25 Country USA | Zip30 | Country | | This corporation owes the current year In Personal Property Tax. | Yes . | □No |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered | d Agent | |
| | | | 81 | Name | | | |
| PEREZ, SERGIO R | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| 14393 SW 38 ST | | | | | <u> </u> | | |
| MIAN | AI FL 33175 | | 83 | | | | ĺ |
| | | | 84 | City | F | 85 Zip C | Code |
| office or re | egistered agent or both in the State of | and 607.1508, Florida Statutes, f Florida. Such change was auth | , the above- norized by th | nameo corpo ne corporatio | oration submits this statement for the purpose on's board of directors. I hereby accept the appoint | ointment as reg | gistered |
| office or re agent. I ar SIGNATURE | egistered agent, or both, in the State o m familiar with, and accept the obligati | f Florida. Such change was autrons of, Section 607.0505, Florida | onzed by tr a Statutes. | ne corporatioi | n's board of directors. I hereby accept the appr | cintment as rec | gistered |
| office or re agent. I ar SIGNATURE | egistered agent, or both, in the State o | f Florida. Such change was autrons of, Section 607.0505, Florida and title if applicable. (NOTE: Re | onzed by tr a Statutes. | ne corporatioi | when reinstating) DATE | Jilliunerit as reg | yisiere0 |
| office or re agent. I ar SIGNATURE | egistered agent, or both, in the State or maintain with, and accept the obligati Signature, typed or printed name of registered agent | f Florida. Such change was autrons of, Section 607.0505, Florida and title if applicable. (NOTE: Re | a Statutes. | ne corporatioi | n's board of directors. I hereby accept the appr | Jilliunerit as reg | yisiereo |
| office or re agent. I ar SIGNATURE | egistered agent, or both, in the State or marked familiar with, and accept the obligation of the state of the | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re | a Statutes. egistered Agent | ne corporatioi | when reinstating) DATE | ND DIRECTO | RS IN 12 |
| office or reagent. I ar SIGNATURE 12. TITLE NAME | egistered agent, or both, in the State or mamiliar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re | a Statutes. egistered Agent: 13. 1.1 TITLE | signature required | when reinstating) DATE | ND DIRECTO | RS IN 12 |
| office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS | egistered agent, or both, in the State or mamiliar with, and accept the obligati Signature. typed or printed name of registered agent OFFICERS AND PD PEREZ, YOLANDA | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re | egistered Agent : 13. 1.1 TITLE 1.2 NAME | Signature required | when reinstating) DATE | ND DIRECTO | RS IN 12 |
| office or reagent. I are SIGNATURE 12. TITLE NAME | egistered agent, or both, in the State of mamiliar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re | a Statutes. egistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET A | Signature required | when reinstating) DATE | ND DIRECTO | RS IN 12 |
| office or reagent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent, or both, in the State of mamiliar with, and accept the obligation of the property of the state of the sta | if Florida. Such change was autrons of, Section 607.0505, Florida and title if applicable. (NOTE: ReD DIRECTORS | a Statutes. egistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY- ST- | Signature required | when reinstating) DATE | ND DIRECTO | RS IN 12 |
| office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | egistered agent, or both, in the State of mamiliar with, and accept the obligation of the property of the state of the sta | if Florida. Such change was autrons of, Section 607.0505, Florida and title if applicable. (NOTE: ReD DIRECTORS | egistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE | signature required ADDRESS | when reinstating) DATE | ND DIRECTO | RS IN 12 |
| office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | egistered agent, or both, in the State of mamiliar with, and accept the obligation of the property of the state of the sta | 1 Florida. Such change was autrons of, Section 607.0505, Florida and title if applicable. (NOTE: ReD DIRECTORS DELETE | a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME | ADDRESS | when reinstating) DATE | ND DIRECTO | RS IN 12 Addition |
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| office or reagent. I ar agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent, or both, in the State of mamiliar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND PEREZ, YOLANDA 14393 SW 38 ST MIAMI FL 33175 VD PEREZ, SERGIO R 14393 SW 38 ST | 1 Florida. Such change was autrons of, Section 607.0505, Florida and title if applicable. (NOTE: ReD DIRECTORS DELETE | a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- | ADDRESS | when reinstating) DATE | ND DIRECTO | RS IN 12 Addition |
| office or re agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | egistered agent, or both, in the State of mamiliar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND PEREZ, YOLANDA 14393 SW 38 ST MIAMI FL 33175 VD PEREZ, SERGIO R 14393 SW 38 ST | 1 Florida. Such change was autrons of, Section 607.0505, Florida and title if applicable. (NOTE: ReD DIRECTORS DELETE | a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE | ADDRESS ADDRESS ADDRESS | when reinstating) DATE | ND DIRECTO | RS IN 12 Addition |
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| office or reagent. I ar agent. I ar signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | egistered agent, or both, in the State of mamiliar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND PEREZ, YOLANDA 14393 SW 38 ST MIAMI FL 33175 VD PEREZ, SERGIO R 14393 SW 38 ST | Florida. Such change was autrons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS DELETE | egistered Agent : 13. 1.1 TITLE 12 NAME 1.3 STREET A 1.4 CITY-ST 2.1 TITLE 22 NAME 2.3 STREET A 3.1 TITLE 32 NAME 3.3 STREET A 3.4 CITY-ST 4.1 TITLE 4.2 NAME | ADDRESS ZIP ADDRESS ADDRESS ZIP ADDRESS | when reinstating) DATE | ND DIRECTO | RS IN 12 Addition Addition |
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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.

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition