**PROFIT CCRPORATION** ANNUAL REPORT

1999

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90015 013 \*\*\*150.00

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· Culpulation	VACATIONS, INC.							
11101101						HOMOON ISO KONOK KONK OOKKI OOKKI OO		
Principal Place		Mailing Address						
3935 NW 26TH MIAMI FL	STREET	3935 NW 26TH STREET MIAMI FL						
MIAMI FL		MICHILL				DO NOT WRITE IN	N THIS SPACE	
						corporated or Qualifed		
		10-11				0/1998		Applied For
<b>⊢</b> '	lace of Business	2a. Mailing Address			4. FEI NU	0830884	-	Not Applicable
Suite, Art.	# etc	Suite, Apt. #, etc.			<del>-  </del>		\$8.7	5 Ac ditional
22	<i>H</i> , 616.	27			5. Certifo	te of Status Desired		e Required
City & State	e	City & State			6. Electio	n Campaign Financing	\$5.	00 May Be
23	<u>.</u>	28			Trust F	and Contribution	Ado	led to Fees
Zip	Country	Zip	Country	′	1	rporation owes the current y	ear Intangible Ves	Ne
24	25	29	30			al Property Tax. and Address of New Regis	<b></b>	: No
	9. Name and Address of Cu	rrent Registered Agent	81	Name				
NUN	NEZ, ALEJANDRO ESQ.					A. HERNAND		
	7 PONCE DE LEON BLVD.		82	Street Ac		(Number is Not Acceptable)		
SUN	TE 101		83		<u> </u>	<u> </u>		
COF	RAL GABLES FL 33134		-	Otto	_		- 105	Zin Code
			84	1 48-5	- And			Zip Code
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508, Florida Statur ate o' Florida, Such change was a	es, the above	e-named co	noration submi	ts this statement for the purp	ose of changing	g its registered
otfice o≐r agent. Ia	registered agent, or both, in the Si im familiar with, and accept the of	ate of Florida, Such change was a ligations of, Section 607.0505, Flo	rida Statutes	the corpora	ation's board or o	Inectors. Thereby accept the	app miniment a	a registered
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40	Signative, typer or printed nar ie of registered	Connect and tells if applicable (NOTE		nt signature requ				
12.	OFFICERS				u red when reinstating)		RS / ND DIRE	CTORS IN 12
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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 attach near with an address, with a lother like empowered.

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