

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90014 023 ***163.75

DOCUMENT # **P98000064828**

1. Corporation Name

PREMIER TRAVEL AGENCY, INC.



Principal Place of Business

2151 LE JEUNE ROAD
MEZZANINE
CORAL GABLES FL 33134

Mailing Address

2151 LE JEUNE ROAD
MEZZANINE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1998

4. FEI Number

65-0853-837

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.



Yes



No

2. Principal Place of Business

21 12249 SW 112 ST

Suite, Apt. #, etc.

2a. Mailing Address

26 12249 SW 112 ST

Suite, Apt. #, etc.

23 City & State

Miami, Fla.

27 City & State

Miami, Fla.

24 Zip

33186

25 Country

USA

29 Zip

33186

30 Country

USA

9. Name and Address of Current Registered Agent

**WILSON, J. EVERETT
2151 LE JEUNE ROAD
MEZZANINE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **TACHER, MARCOS**
STREET ADDRESS **C/O 2151 LEJEUNE ROAD, MEZZANINE**
CITY-ST-ZIP **CORAL GABLES FL 33134-4200**

TITLE **D** ☐ DELETE

NAME **TACHER, CRISTINA**
STREET ADDRESS **C/O 2151 LEJEUNE ROAD, MEZZANINE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **Tacher, Marcos**
1.3 STREET ADDRESS **12249 SW 112 ST**
1.4 CITY-ST-ZIP **Miami, FL 33186**

2.1 TITLE **VP** ☒ Change ☐ Addition

2.2 NAME **Tacher, Cristina**
2.3 STREET ADDRESS **12249 SW 112 ST**
2.4 CITY-ST-ZIP **Miami, FL 33186**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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.

SIGNATURE:

Marcos Tacher **Marcos Tacher** **7/3/99** **(305) 596-9226**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

Premier Travel Agency Inc.

58 8245-90014-23
P 98000064828

*12249 S.W. 112 St.
Miami FL 33186*

Phone (305) 596-9226

Fax (305) 596-7554

DIVISION OF CORPORATIONS
ANNUAL FILING REPORTS

MY NAME IS MARCOS TACHER I AM WRITING THIS LETTER IN REGARDS TO THE CONVERSATION I HAD WITH SOMEONE IN YOUR OFFICE. SHE SAID TO WRITE A LETTER OF EXPLANATION AND SEND IN MY \$150.00 AND SOMEONE WOULD REVIEW IT AND LET ME KNOW IF IT WAS APPROVED OR NOT.

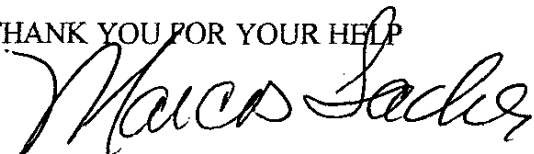
I OPENED MY CORPORATION ON JULY 21, 1998 THROUGH MY ATTORNEY AT THAT TIME I HAD NO BUSINESS ADDRESS SO HE PUT HIS ADDRESS MEANWHILE. ON JULY 3, I RECEIVED THIS NOTICE ABOUT IT BEING THE SECOND NOTICE I CALLED HIM AT THAT TIME AND HE SWORE HE HAD NEVER RECEIVED ONE AND TOLD ME I SHOULD OF KNOWN ABOUT IT, NOW I TELL YOU. HOW COULD HAVE I KNOWN ABOUT IT IF I NEVER RECEIVED THE FIRST ONE AND HE WAS THE ONE WITH THE ADDRESS ON THIS PAYMENT.

ON NOVEMBER OF LAST YEAR I HAD CALLED AND GAVE THE NEW ADDRESS BUT I DON'T KNOW WHAT HAPPENED MAYBE I DIDN'T DO SOMETHING RITE BUT I DID CALL.

PLEASE EXCUSE MY NEGLIGENCE, BUT I REALLY THOUGHT YOU WOULD SEND ME SOMETHING IN JULY FOR THAT WOULD OF MADE IT 1 YEAR OF MY CORPORATION FILING JUST LIKE ALL MY OTHER LICENSES.

AGAIN PLEASE EXCUSE ME THIS WON'T HAPPEN AGAIN THIS IS A YOUNG COMPANY TRYING TO SURVIVE IN THIS WORLD AND TRYING TO DO EVERYTHING BY THE BOOK.

THANK YOU FOR YOUR HELP



MARCOS TACHER
PREMIER TRAVEL AGENCY INC.