PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCO

FILED Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90095 004 ***150.00

1. Corporation Name					
PANAMA E-Z TRAVEL, INC.		1			
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Principal Place of Business Mailing Address			DDEN 19021 10011 P	### CBB! 18#C	
2564 WHITE HORSE RD. W. 2564 WHITE HORSE RD. W.					
JACKSONVILLE FL 32246 JACKSONVILLE FL 32246		DO MOZ MIDITE IN THIS	CDAOC		
		DO NOT WRITE IN THIS 3. Date incorporated or Qualifed	SPACE		
		08/17/1998			
2. Principal Place of Business 2a. Mailing Address	Honsendw.	4. FEI Number	<u> </u>	olled For	
21 2564 WHI TE HOUSE RAW. 28 2564 WHITE	Lunia int	59-3530 548	\$8.75 A	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Rec		
City & State // City & State	<u> </u>	6. Election Campaign Financing	\$5.00	May Re	_
23 Treksonville FL 28 Theisonvill	5-171	Trust Fund Contribution	Added to		<u>. ~.</u>
Zip 2 2 2 // (C Country 1) SA Zip 22 2 // C	Country USA	This corporation owes the current year Interpretation Personal Property Tax.		□No.	
9, Name and Address of Current Registered Agent	 	10. Name and Address of New Registered	/		
9, Name and Audress of Culters registered Agent	81 Name	. /-			
GOMEZ DIAZ, ORLANDO		N/A			
2564 WHITE HORSE RD. W.	82 Street Add	ress (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32248	83				
(PRESIDENT and RESIDENT AGENT)	84 City	FL	85 Zip C	ode	
	the shows named corr	and in a halfe this statement for the numero of	changing its (egistered	
 Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was auti agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid 	orized by the corporation to a Statutes.	on's board of directors. I hereby accept the appoint	ntment as reg	istered)	
				1	
SIGNATURE				}	_
SIGNATURE Signature, typed or printed name of registered agent and table if applicable. (NOTE: R	egistered Agent signature require	ad when reinstating) DATE			(86)
SIGNATURE Signature, typed or printed name of registered agent and tate if applicable. (NOTE: R 12. OFFICERS AND DIRECTORS	egistered Agent signature require				(11/98)
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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). Findicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Block 12 or Block 13 if changed, or on an attachment with an address, with an other like empowered.

* SIGNATURE: