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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000073895

1. Corporation Name

EZ TRAVEL SERVICES, INC.

| Titlepair ace of business | Principal I | Pace of | Business |
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Maiting Address

7481 SW 8 STREET

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90004 027 ***158.75



| 2. Principal Place of Business 2a. Mailing Address 2b. D. Dox V 10278 Suite, Apt. #, etc. 2c. City & State City & State 2d. Mailing Address Suite, Apt. #, etc. 5. City & State City & State 2a. Mailing Address Suite, Apt. #, etc. 5. City & State City & State 2a. Mailing Address Suite, Apt. #, etc. 5. City & State City & State 2a. Mailing Address State Suite, Apt. #, etc. 5. City & State Country 8. Andrew 9. Name and Address of Current Registered Agent 81. Name ESTALELLA, PEDRO 7481 SW 8 STREET MIAMI FL 33144-4547 82. Street Address (Particular State of Florida State of Florida State es, the above-named component office of registered agent, or both, in the State of Florida State es, the above-named component office of registered agent, and the State of Florida State es, the above-named component office of registered agent, and the State of Florida State es, the above-named component office of registered agent, and the Interpolation for Socion 607.0505, Florida Statutes. SIBNATURE Signature, typed or printed name of registered agent and title If applicable. NOTI: Registered Agent signature required when recommended to the provision of Section 607.0505, Florida Statutes. DELETE 12. DELETE 13. TITLE DAME VALDES, EVANGELINA B | Date Incorporated or Qualifed 08/21/1998 FEI Number Certificate of Status Desired Election Campaign Financing Trust Fund Contribution This corporation owes the current year Personal Property Tax. Name and Address of New Registere | \$8.75 A Fee Re \$5.00 Added to | May Be |
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| Signature, typed or printed nair te of registered agent and title if applicable. (NOTE: Registered Agent signature required when it is a special printed in the printed in | ard of cirectors. I hereby accept the app | ointment as reg | gistered |
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| | ADDITIC NS/CHANGES TO OFFICERS A | ND DIRECTO | RS IN 12 |
| | EN STANGELINA B. | Change | Addition |
| | STATE OF THE STATE | | |
| STREET ADDRES 6460 SW 129 PLACE 1.3 STREET ADDRESS | | · | |
| CITY-ST-ZIP MIAMI FL 33173-4547 14 CITY-ST-ZIP MIAMI FL 33173-4547 | mi FL 33165-825 | 1 | |
| TITLE D DELETE 21 TITLE 15 T | AIRILA, PEDRO, JR. | Change | ☐ Addition |
| NAME ESTALELLA, PEDRO 22 NAME | AIZULATI AIZU | | |
| STREET ADDRESS 1900 SW 87TH AVENUE 23 STREET ADDRESS | | | |
| CITY-ST-ZIP MIAMI FL 33165 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP | ui FL 33165-8259 | | |
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| CITY-ST-ZIP 64 CITY-ST-ZIP | | | ì |
| 14. I hereby certify that the information surplied with this filling does not qualify for the exemption stated in Section indicated on this annual report of supplemental arinual reports true and accurate and that my signature shall officer or director of the corporation of the receive or trustee empowered to execute this report as required by Block 12 or Block 13 if changed and has attagrinual with an address, with all giver like empowered. | . 440 OZ/ NVI) Eloride Cativaca 16 db | sortific that the 1 | of comption |

SIGNATURE: