

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90019 027 ***164.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000076127

1. Corporation Name
ACA TRAVEL, INC.

Principal Place of Business

**8320 S.W. 58 STREET
MIAMI FL 33143**

Mailing Address

**8320 S.W. 58 STREET
MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1998

4. FEI Number

050864878

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☒

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

4019 N.W. 7 St.

Suite, Apt. #, etc.

MIAMI, FL

City & State

33126

U.S.A.

Zip

Country

24

25

2a. Mailing Address

4019 N.W. 7 St.

Suite, Apt. #, etc.

MIAMI, FL

City & State

33126

Zip

U.S.A.

29

30

9. Name and Address of Current Registered Agent

**ROMERO, LAZARA
8320 S.W. 58 STREET
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name **Rommy A. Silva**

82 Street Address (P.O. Box Number is Not Acceptable)
8320 SW. 58 St.

83

84 City **miami**

FL

85 Zip Code **33143**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

5/4/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **ROMERO, LAZARA**
STREET ADDRESS **8320 S.W. 58 STREET**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☐ DELETE

NAME **SILVA, ROMMY**
STREET ADDRESS **8320 S.W. 58 STREET**
CITY-ST-ZIP **MIAMI FL 33143**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 (305) 649-7100
Date Daytime Phone #

CR2E034 (11/98)