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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORFORATIONS

P98000097638 DOCUMENT #

1. Corporation Name

MI CUBA	TRAVEL, INC						
Principal Place 0	of Business	Mailing Address			(100		
		3436 SW 8 STREET					
436 SW 8 STREET 3436 SW 8 STREET 1436 SW					DO NOT WRITE IN THIS SPACE		
IAMI PL 33133					3. Date Incorporated or Qualifed		
					11/19/1998		
	•				4 FEI Number 7 7 7 7 7	Applic	ed For
2. Principal Plac	ce of Business	2a. Mailing Address			65-0878037	Not A	pplicable
7	· :	26			<del></del>	\$8.75 Add	ditional
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Requ	iired
2		27			6. Election Campaign Financing	\$5.00 M	ay Be
City & State		City & State			6. Election Campaign Financing  Trust Fund Contribution	Added to	Fees
3		28	Count		8. This corporation owes the current year Intan	gible	1
Zip	Country	Zip	•	y	Personal Property Tax.	_Yes ∟	3No
4	25	29 30	<del></del>		10. Name and Address of New Registered Ag	jent	
	9. Name and Address of Curr	ent Registered Agent		Name			Į
	an i ampu				Not Accentable		
FIERF	RO, LARRY		{	32 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	SW 8 STREET		}-	83	· · · · · ·		
Maim	FL 33135					85 Zip Co	
				B4 City	FL.	'	
		·				nanging its n	egistered
11. Pursuant to office or reagent. I as SIGNATURE	familia with and accept the obl	igations of, Section 607.0505, Flore	10) I		oration submits this statement for the purpose of clon's board of directors. I hereby accept the appointment of the purpose of clon's board of directors. I hereby accept the appointment of the purpose of clones are presented to be present	<del>_ '</del>	· <u>-</u>
SIGNATURE		AND DIRECTORS	13.	<del>4 (0)</del>	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	(\$ IN 12
12.		DELETE	1.1 TIT	LE	900003345		-000 1451 <del></del>
TITLE	P		12 NA	ME	-0870871111	11000	~~~
NAME	FIERRO, LARRY		•	REET ADDRESS	****300.00	· 李字字:	300.00
STREET ADDRESS	3436 SW 8 STREET			Y-ST-ZIP	•		
CITY-ST-ZIP	MIAMI FL 33135	☐ DELETE	2.1 111			Change	Addition
TITLE	,		2.2 NA				
NAME			1	REET ADDRESS			
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NAME							
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NAME			4.21		n n u li	À	
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NAME	-			AME	1		
i				TREET ADDRESS			
STREET ADDRESS				CITY-ST-ZIP		Change	Addition
CITY-ST-ZIP	<del>                                     </del>	☐ DELETE	1	TTLE			_
TITLE	1		200	IAME			

6.3 STREET ADDRESS

does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information for is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered.

SIGNATURE:

14. I hereby certify that the information sunplied with this fill indicated on this annual report or supplemental annual officer or director of the collocation or the receiver by the Block 12 or Block 13 if changed, or on an attachment w

NAME

STREET ADDRESS

CITY-ST-ZIP

(QUIRED ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

## Mi Cuba Travel, Inc.

Visa • Pasaportes • Pasajes • Envios Paquetes y Otros Servicios

PEQ. HAB. 3436 SW 8 St. Miami, FL 33135

again. Thank

And the second

Addy & Larry Fierro Tel: 305-444-1430 Fax: 305-444-1511

To Whom It Hay Coveron: is the four time I write efflaining that when I called to your deptorment they tald write and say that for one in a ligitime I can have a warne. Please help me, I have been in the hospital and the first Helined whene