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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90067 017 \*\*\*158.75

DOCUMENT # P99000000077

1. Corporation Name

TRAVEL PERFECT, INC.

Principal Place of Business

1902 WILLEDSON DR., EAST  
JACKSONVILLE FL 32246

Mailing Address

1902 WILLEDSON DR., EAST  
JACKSONVILLE FL 32246

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 10957 ATLANTIC BLVD.

Suite, Apt. #, etc.

22 SUITE C

City & State

23 JACKSONVILLE, FLORIDA

Zip

24 32225

Country

25 USA

2a. Mailing Address

26 10957 ATLANTIC BLVD

Suite, Apt. #, etc.

27 SUITE C

City & State

28 JACKSONVILLE, FL

Zip

29 32225

Country

30 USA

3. Date Incorporated or Qualified

12/30/1998

4. FEI Number

(EIN) 59-3550412

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

9. Name and Address of Current Registered Agent

DECASTRO, ROWENNA B  
1902 WILLEDSON DR., EAST  
JACKSONVILLE FL 32246

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

ROWENNA B. DECASTRO, president

3/25/99

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 P ☐ DELETE

NAME DECASTRO, ROWENNA B  
STREET ADDRESS 1902 WILLEDSON DR., EAST  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE SECRETARY ☐ DELETE

NAME REBECCA FLORES  
STREET ADDRESS 1896 WILLEDSON DR E  
CITY-ST-ZIP JAX, FL 32246

TITLE VICE PRES ☐ DELETE

NAME FEDERICO C. FLORES  
STREET ADDRESS 1896 WILLEDSON DR E  
CITY-ST-ZIP JAX, FL 32246

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

ROWENNA B. DECASTRO 3/25/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-997-9797