FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S09458 (8)

1. Corporate Name
CRYSTAL TRAVEL TOUR, INC.

Principal Place of Business
5915 WEST 25TH CT #104
HIALEAH FL 33016

Mailing Address
5915 WEST 25TH CT #104
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1990
3a. Date of Last Report: 04/15/1994

21 2. Principal Place of Business
26 2a. Mailing Address
4. FEI Number: 65-0224016 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
23 City & State
28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 Zip
25 County
29 Zip
30 County
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CATALAN, BERTA
5915 W 25TH CT #103
HIALEAH FL 33016

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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	DPT	31 TITLE	DPT ☒ Change ☐ Addition
32 NAME	CATALAN, BERTA	32 NAME	Catalan / Berta
33 STREET ADDRESS	5915 W 25TH CT #103	33 STREET ADDRESS	7521 W. 35 Ave.
34 CITY ST ZIP	HIALEAH FL	34 CITY ST ZIP	Hialeah, FL 33016
35 TITLE	DVS	35 TITLE	DVS ☒ Change ☐ Addition
36 NAME	RAMIREZ, JACQUELINE	36 NAME	Ramirez / Jacqueline
37 STREET ADDRESS	1436 SW 138 CT.	37 STREET ADDRESS	7505 W. 35 Ave.
38 CITY ST ZIP	MIAMI, FL 33184	38 CITY ST ZIP	Hialeah, FL 33016
39 TITLE		39 TITLE	☐ Change ☐ Addition
40 NAME		40 NAME	
41 STREET ADDRESS		41 STREET ADDRESS	
42 CITY ST ZIP		42 CITY ST ZIP	
43 TITLE		43 TITLE	☐ Change ☐ Addition
44 NAME		44 NAME	
45 STREET ADDRESS		45 STREET ADDRESS	
46 CITY ST ZIP		46 CITY ST ZIP	
47 TITLE		47 TITLE	☐ Change ☐ Addition
48 NAME		48 NAME	
49 STREET ADDRESS		49 STREET ADDRESS	
50 CITY ST ZIP		50 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 (changed, added or deleted) with an address.

SIGNATURE: Berta Catalan IVES 4/13/95 827-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

00009819 CP