

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN -1 AM 9:56

DOCUMENT # **S16244** (3)

1. Corporation Name

**VC TRAVEL & TOURS CORP.**

Principal Place of Business

**4711 NW 79TH AVE #1A  
MIAMI FL 33166**

Mailing Address

**4330 S.W. 8TH STREET  
MIAMI FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/04/1980**

3a. Date of Last Report

**05/01/1994**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**65-0230531**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

6. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**CABRAL, ROCHA VALDENIA  
4711 NW 79TH AVE.  
#1A  
MIAMI FL**

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

Signature of person (individual) registered agent and the corporation

(Signature of Registered Agent is required when registering)

(Date)

12. OFFICERS AND DIRECTORS

|                |                               |
|----------------|-------------------------------|
| TITLE          | <b>PVD</b>                    |
| NAME           | <b>CABRAL, VALDENIA ROCHA</b> |
| STREET ADDRESS | <b>4711 NW 79TH AVE, #1A</b>  |
| CITY ST ZIP    | <b>MIAMI FL</b>               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY ST ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY ST ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY ST ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY ST ZIP    |                               |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY ST ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY ST ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY ST ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY ST ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY ST ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 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)(b), 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.

SIGNATURE:

*Valdenia Cabral*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

*5/30/94*

Signature (Printer's)