

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S35402** (4)

1. Corporation Name

U.S. TRAVEL AGENCY, INC.



Principal Place of Business

**1150 NW 72ND AVE
STE 730
MIAMI FL 33126
US**

Mailing Address

**1150 NW 72ND AVE
STE 730
MIAMI FL 33126
US**

3. Date Incorporated or Qualified
03/04/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number
65-0246618

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LARRAIN, BERNARDITA
13600 SW 75TH ST
SUITE 300
MIAMI FL 33183**

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 typed or printed name of registered agent and filer (if applicable)

(If filer is Registered Agent, Signature required for filing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME **PD
GALLARDO, EDUARDO**
STREET ADDRESS **100 OCEAN LANE DR #404**
CITY- ST- ZIP **KEY BISCAIYNE FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

**180 HARBOR DRIVE
KEY BISCAIYNE FL 33149**

TITLE ☐ DELETE

2.1 TITLE

☒ Change ☐ Addition

NAME **VPD
LARRAIN, BERNARDITA**
STREET ADDRESS **13600 SW 75TH ST**
CITY- ST- ZIP **MIAMI FL**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

**1150 NW 72ND AVE SUITE 730
MIAMI FL 33126**

TITLE ☐ DELETE

3.1 TITLE

☒ Change ☐ Addition

NAME **ST
GALLARDO, MARIA**
STREET ADDRESS **100 OCEAN LANE DR #404**
CITY- ST- ZIP **KEY BISCAIYNE FL**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

**180 HARBOR DRIVE
KEY BISCAIYNE FL 33149**

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)