

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CAROL B. MORTIMER
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S56868 (0)

1. Corporation Name

SKY MASTER TRAVEL, INC.

Principal Place of Business

5975 SUNSET DRIVE
SUITE 505
SOUTH MIAMI FL 33143

Mailing Address

5975 SUNSET DRIVE
SUITE 505
SOUTH MIAMI FL 33143

APPROVED
AND
FILED

95 MAY 31 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001504580

-06/02/95--01033--023

*****225.00 *****225.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

Country

3. Date Incorporated or Qualified

05/30/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0268915

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. 199.02, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER, MARSHALL E.
9655 SOUTH DIXIE HIGHWAY
SUITE 300
MIAMI FL 33156

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

(Agent or officer or director or trustee or registered agent or authorized representative)

(If the registered agent is a corporation, the registered agent must be a resident of the State of Florida)

(Signature)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PST
NAHAS, HIAM
10905 S.W. 165TH TERR.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
NAHAS, HIAM
10905 S.W. 165TH TERR.
MIAMI FL

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

VICARASSI PANT
BASSAM BASNA
8586 S.W. 115PL
MIAMI, FL 33173

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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:

B. BASNA BASSAM BASNA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-95

205-667-0611