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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

SIGNATURE AND TYPED OR DENTIED NAME OF SIGNING OFFICER OR DIRECTOR

	MENT # <b>\$7568</b> ANTED TRAVEL, INC.	35 (5)					
nincipal Place of Business		Mailing Address 6925 WEST 25TH LANE				IIDK DIDII DIDI	<b>                                    </b>
HIALEAH FL		HIALEAH FL 33016	MAC.				
				3. Date incorporated or Qualified 08/21/1991	1	e of Last Re 02/16/19	
Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number			Applied For
Cuito And H	ente	26		65-0279318	<u></u>	<del></del>	Not Applicable
Suite, Apt. #	, B.C.	27	•	5. Certificate of Status Desired			Additional Required
Oity & State		City & State		6. Election Campaign Financing		\$5.00	0 Мау Ве
		28	1	Trust Fund Contribution			d to Fees
Zip	Country 25	7 p	Country 30	8. This corporation has liability for Florida Statutes	intangible ti s 🔲 No	ax under s	199.032,
	9. Name and Address of Currer			10. Name and Address of New I		Agent	
			81 Name				
RUIZ, E	LVIRA G.		82 Street Ado	dress (P.O. Box Number is Not Acceptal	ble)		
6925 W	EST 25 LANE				· 		······································
HIALEA	H FL 33016		83				
			84 City		FL	85 Zg	o Code
familiär witt	n, and accept the obligations of, Sect	tion 607.0505, Florida Statute	S.	ard of directors. I hereby accept the app			
familiar with	Signature, typad or printed hame of registered agent	tion 607.0505, Florida Statute Land title Papplicacie (N	S. OTE: Registered Agont signature requir	red when reinstating):	DATE	D DIRECTO	DRS IN 12
familiar with	Signature, typad or printed hame of registered agent	tion 607.0505, Florida Statute	S.		DATE FICERS AND	D DIRECTO	DRS IN 12
familiar with	Signature, typed or printed name of registered agent OFFICE'RS AN PTD RUIZ, ELVIRA G.	tion 607,0505, Florida Stalute Land McPappheace (N ND DIRECTORS	S. OTE Registered Agent signature requir	red when reinstating):	DATE FICERS AND		
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