

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S80598**

(3)

95 JUL -3 AM 8:36

1. Corporation Name

COMPUTRAVEL, INC.

Principal Place of Business

**2555 COLLINS AVE.
#1610
MIAMI BEACH FL 33140**

Mailing Address

**2555 COLLINS AVE.
#1610
MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/16/1991** 3a. Date of last Report **04/29/1994**

4. FET Number **NOT APPLICABLE** 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

7. This corporation has liability for intangible tax under § 196.03, Florida Statutes ☐ Yes ☐ No

2. Previous Place of Business
21. **169 Lincoln Rd**
State Apt # etc

2a. Mailing Address
26. **169 Lincoln Rd**
State Apt # etc

22. **200**
City & State
23. **Miami Beach, FL**

27. **200**
City & State
28. **Miami Beach, FL**

24. **00134** 25. **USA**

29. **00134** 30. **USA**

9. Name and Address of Current Registered Agent

**SCANDURA, OMAR H.
2555 COLLINS AVE.
#1610
MIAMI BEACH FL 33140**

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 607.0602 and 607.1508, Florida Statutes, the above named corporation, warrants the statement for the purpose of changing its registered office or registered agent in both of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby attest the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

Agent or Agent-in-Charge (Signature required if applicable)

12. Registered Agent signature required if applicable

411

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D SCANDURA, OMAR H.	1. NAME	☐ Change ☐ Add
STREET ADDRESS	2555 COLLINS AVE	2. NAME	
CITY	MIAMI BEACH FL	3. STREET ADDRESS	
STATE		4. CITY	☐ Change ☐ Add
ZIP CODE		5. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY		7. CITY	☐ Change ☐ Add
STATE		8. NAME	
ZIP CODE		9. STREET ADDRESS	
STREET ADDRESS		10. CITY	☐ Change ☐ Add
CITY		11. NAME	
STATE		12. STREET ADDRESS	
ZIP CODE		13. CITY	☐ Change ☐ Add
STREET ADDRESS		14. NAME	
CITY		15. STREET ADDRESS	
STATE		16. CITY	☐ Change ☐ Add
ZIP CODE		17. NAME	
STREET ADDRESS		18. STREET ADDRESS	
CITY		19. CITY	☐ Change ☐ Add
STATE		20. NAME	
ZIP CODE		21. STREET ADDRESS	
STREET ADDRESS		22. CITY	☐ Change ☐ Add

14. I, the undersigned, certify that the information supplied with this filing is a true and correct copy of the information stated in the filing. I have read the filing and certify that the information is correct and that my signature is not for the purpose of obtaining a copy of the filing. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes, and that my signature is not for the purpose of obtaining a copy of the filing.

SIGNATURE:

SIGNATURE AND TYPE OF OFFICER OR DIRECTOR

OMAR H. SCANDURA

06/10/95 (305) 612 9788