FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$85818

1. Corporation	TRAVEL & TOURS AGENCY,	INC.		<u>.</u>				
Principal Place of Business Mailing Address) INTIINIA INI INI ALIA SISAN INI INI ALIA	it Giftt fiftt gigit bi		
5701 S.W. 137TH AVENUE 5701 S.W. 137TH AVENUE								
MIAMI FL 33183 MIAMI FL 33183					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	113 SPACE		
					10/08/1991			
2 Principal Place of Business 2a. Mailing Address					4 FEI Number	Ap	plied For	
2. Principal Place of Business 2a. Mailing Address 25					65-0291783		t Applicable	
		Suite, Apt. #, etc.			_	\$8.75 A	dditional	
22 27		27			5. Certificate of Status Desired	Fee Re	quired	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
23 28					Trust Fund Contribution Added to Fees			
Zip			Country 30		8. This corporation owes the current year Intangible Personal Property Tax. No No			
24	9. Name and Address of Current		30		10. Name and Address of New Register	ed Agent		
	g, Harrie and Address of Cartes	1.0910101010119	81	Name				
MELGUIZO, GLORIA I			82	Street Addr	t Address (P.O. Box Number is Not Acceptable)			
4625	AI FL 33185	y,			4 15 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	14 13 (113)	
, MIAN	MI FL 33163		83	'		计翻译说 :		
Ť			84	City	<u> जिल्लाको विकास स्थान विकास स्थान विकास विकास विकास विकास विकास स्थान विकास विकास विकास विकास विकास विकास विका</u>	85 Zip C	ode	
							intornd	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	ons at, Section 607.0505, Flor	iua Statute:	s. 	oration submits this statement for the purpose on's board of directors. I hereby accept the ap)istered	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		
TITLE	PST	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	MELGUIZO, GLORIA ISABEL		1.2 NAME					
STREET ADDRESS	ADDRESS 4629 S.W.1 47TH COURT		1.3 STREET ADDRESS				•	
CITY-ST-ZIP	MIAMI FL		1.4 CITY+5	ST-ZIP				
TITLE	D DELETE		2.1 TITLE			Change	Addition	
NAME	MELGUIZO, GLORIA ISABEL		2.2 NAME					
STREET ADDRESS	ARRON OLIV A ATTIL COLUMN			ET ADDRESS			.}	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-	ST-ZIP				
TITLE	THE PERSON OF STATE O	☐ DELETÉ	3.1 TITLE			Change	Addition	
NAME A		\$3 * .	3.2 NAME					
STREET ADDRESS	RESERVED TO THE SECOND OF THE		3.3 STREE	ET ADDRESS		Sagarana a	AL 128 395	
CITY-ST-ZIP	17 y 3 - 12 (f2)		3,4. CITY-	ST-ZIP	The state of the s			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME South	en e		4. 2 NAME	•		*		
STREET ADDRESS			4.3 STREE	ET ADDRESS			,	
CITY-ST-ZIP			4.4 CITY-S	ST-ZiP		·		
TITLE	·	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5,2 NAME		7.25			
STREET ADDRESS	est m			ET ADDRESS			Ì	
CITY-ST-ZIP			5.4 CITY-5		<u> </u>		T Addition	
TITLE	ENDER THE PROPERTY OF THE PROP	☐ DELETE	6.1 TITLE	ŀ		☐ Change	Addition	
NAME			6.2 NAME			•	,	
STREET ADDRESS	\$		6.3 STREE	ET ADDRESS	,			

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or Block 13 or on an attachment with an address, with the other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

NE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-98

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90004 027 ***150.00

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