

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90148 044 \*\*\*150.00

DOCUMENT # S87180

1. Corporation Name

VAL TRAVEL AND TOURS, INC.

Principal Place of Business

5624 N.W. SECOND AVENUE  
MIAMI FL 33127

Mailing Address

5624 N.W. SECOND AVENUE  
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1991

4. FEI Number

59-3088541

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

VALBRUN, ST. LUC  
5624 N.W. 2ND AVENUE  
MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name Mona Valbrun  
82 Street Address (P.O. Box Number is Not Acceptable) 5624 NW 2nd Ave  
83  
84 City Miami FL 85 Zip Code 33127

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 *Mona Valbrun*  
Signature typed or printed name of registered agent and title if applicable.

*Mona Valbrun*  
(NOTE: Registered Agent signature required when reinstating)

DATE 4/19/99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME VALBRUN, ST. LUC  
STREET ADDRESS 5624 NW 2 AVE.  
CITY-ST-ZIP MIAMI FL  
☒ DELETE

TITLE VP  
NAME VALBRUN, MONA  
STREET ADDRESS 15300 NE 5TH AVE  
CITY-ST-ZIP MIAMI FL 33127  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE PD  
2.2 NAME Mona Valbrun  
2.3 STREET ADDRESS 5624 NW 2nd Ave  
2.4 CITY-ST-ZIP Miami, FL 33127  
☒ Change ☐ Addition

3.1 TITLE VP  
3.2 NAME Laurie Cherubin  
3.3 STREET ADDRESS 4540 NW 36 Street  
3.4 CITY-ST-ZIP Sandalwood Lakes, FL 33319  
☐ 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mona Valbrun* 4/19/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)