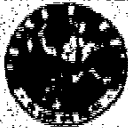


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 1:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S92486

(7)

1. Corporation Name

TRAVEL & TOURS INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

**1150 NW 72 AVE
S330-B
MIAMI FL 33128
US**

**1150 NW 72 AVE
S330-B
MIAMI FL 33128
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/06/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0294737

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. 109.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 10715 SW 6 ST.

2a. Mailing Address

26 10715 SW 6 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

24 33174

Country

25 USA

Zip

29 33174

Country

30 USA

9. Name and Address of Current Registered Agent

**MARTINEZ, CARMELINA
1150 NW 72 AVE
S330-B
MIAMI FL 33128**

10. Name and Address of New Registered Agent

81 Name

MARIANO, JONAS

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

Jonas M. Mariano V.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

3/15/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	POST
NAME	MARTINEZ, CARMELINA
STREET ADDRESS	10912 N.W. 7TH ST. #5
CITY - ST - ZIP	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	POST	☒ Change ☐ Addition
1.2 NAME	MARIANO, JONAS	
1.3 STREET ADDRESS	325 NW 84 ST. #3	
1.4 CITY - ST - ZIP	MIAMI, FLORIDA 33125	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(3)(k), 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:

Carmelina Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARMELINA MARTINEZ

3/15/95

DATE

(305) 592-8888

DAYTIME PHONE #