26

27

Suite, Apt. #, etc.

City & State

1. Corporation Name

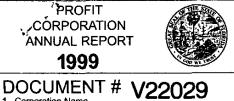
Principal Place of Business 16701 COLLINS AVENUE N. MIAMI FL 33160

-2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21



FLORIDA SUNSHINE TRAVEL AND TOURS, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90192 004 ***150.00

Mailing Address	
16701 COLLINS AVENUE G/F N. MIAMI FL 33160	DO NOT WRITE IN THIS SPACE
US	3. Date Incorporated or Qualifed 03/18/1992
	A SELEN SELECTION OF THE SELECTION OF TH

<u>65-03 19 199</u>

5. Certificate of Status Desired

6. Election Campaign Financing

1		28			Trust Fund Contribution Added to Fee	s
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year Intangible	
9. Name and Address of Current Registered Agent		30	Personal Property Tax. Yes LJNo 10. Name and Address of New Registered Agent			
16 G/	DX, MAGGIE 1701 COLLINS AVENUE F MIAMI FL 33160					

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

agent. I a	n familiar with, and accept the obligations of, Section 607.0505, Florid	la Statutes.	oration a board of directors. Thereby accept the appointment	on conogn				
SIGNATURE	·							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS								
12.	OFFICERS AND DIRECTORS	13.			Addition			
TITLE	P. DELETE.	.1.1.TITLE		Change	Addison			
NAME	COX, MAGGIE	1.2 NAME						
STREET ADDRESS	16701 COLLINS AVENUE	1.3 STREET ADDRESS			1			
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY-ST-ZIP						
TITLE	☐ DELETE	2.1 TITLE] Change	☐ Addition			
NAME		2.2 NAME	,					
STREET ADDRESS		2.3 STREET ADDRESS						
CITY-ST-ZIP		2.4 CITY-ST-ZIP						
TITLE	☐ DELETE	3.1 TITLE] Change	☐ Addition			
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	☐ DELETE	4.1 TITLE	{] Change	☐ Addition			
NAME	·	4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE		_ Change	Addition			
NAME	•	5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS			-			
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	DELETE	6.1 TITLE		Change	☐ Addition			
NAME	and the second s	6.2 NAME	the state of the s	1.5]			
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP		6.4 CITY-ST-ZIP						

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 simplemental 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 coloration 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 12 fichanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be