

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JAN 26 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V28196 (6)
1. Corporation Name
MAGIC TRAVEL, INC.

Principal Place of Business

Mailing Address

25 S.E. 2ND AVE.
SUITE 301
MIAMI FL 33131
US

25 S.E. 2ND AVE.
SUITE 301
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1992

4. FEI Number

65-0324757

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 25 S.E. 2ND AVE.

Suite, Apt. #, etc.

22 SUITE 307

City & State

23 MIAMI

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 25 S.E. 2ND AVE.

Suite, Apt. #, etc.

27 SUITE 307

City & State

28 MIAMI

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

LOMBARDI, SILVANA E
25 SW 2ND AVE
SUITE 301
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Ricardo J. ANSALDI

82 Street Address (P.O. Box Number is Not Acceptable)

25 S.E. 2ND AVE.

83

SUITE 307

84 City

MIAMI

FL

85 Zip Code

33131

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 publication of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☒ DELETE

NAME CAREY, EDUARDO JORGE
STREET ADDRESS 25 SE 2ND AVE 301
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME BIGNES, LILIANA
STREET ADDRESS 25 SE 2ND AVE 301
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Ricardo J. ANSALDI
1.3 STREET ADDRESS 25 S.E. 2ND AVE. / 307
1.4 CITY-ST-ZIP MIAMI FLORIDA 33131

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

000002415270--4

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

-01/28/98--0100 Range 000
***158.75 ***158.75

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 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.

SIGNATURE

1411 06/008 (2m) 520 9890

CR2E034 (10/97)