FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED
95 MAY -1 AM 10:
SECRETARY OF ST
TALLAHASSEE, FLOR

DOCUMENT # **V40646** **(4)**

1. Corporation Name
ANCHOR AND WINGS TRAVEL INC.

Principal Place of Business	Mailing Address
~~1902 N UNIVERSITY DR~~	~~1902 N UNIVERSITY DR~~
~~SUITE 201C~~	~~SUITE 201C~~
~~PLANTATION FL 33322~~	~~PLANTATION FL 33322~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/03/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2269 S. University Dr	26 2269 S. University Dr
22 Suite, Apt. #, etc. SUITE 340	27 Suite, Apt. #, etc. SUITE 340
23 City & State DAVIE FL.	28 City & State DAVIE FL.
24 Zip 33324 25 Country USA	29 Zip 33324 30 Country USA

4. FEI Number: 65-0340624 ☐ 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 C. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAMPELLO URANIA	81 Name
~~1902 N UNIVERSITY DRIVE~~	82 Street Address (P.O. Box Number is Not Acceptable) 2269 S. University Drive
~~STE 201C~~	83 SUITE 340
~~PLANTATION FL 33322~~	84 City DAVIE FL 85 Zip Code 33324

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 _____ DATE
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 IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SHORT ELIZABETH L	12 NAME	
STREET ADDRESS	11903 SW 44TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CAMPELLO, PHILLIP	22 NAME	
STREET ADDRESS	3612 SW 21ST ST	23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CAMPELLO, URANIA	32 NAME	
STREET ADDRESS	3612 SW 21ST ST	33 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SHORT GERARD	42 NAME	
STREET ADDRESS	11903 SW 44TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: Urania Campello URANIA CAMPELLO 4/28/95 305-316-8407
TYPE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0230070 CP