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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V46227** (7)

1. Corporation Name
GRANWAYS TRAVEL, INC.



Principal Place of Business

**25 SE 2ND AVE.
#543
MIAMI FL 33131**

Mailing Address

**25 SE 2ND AVE.
#543
MIAMI FL 33131-1601**

3. Date Incorporated or Qualified
06/26/1992

3a. Date of Last Report
04/27/1996

2. Principal Place of Business

21 **5750 MAJOR BLVD**

2a. Mailing Address

26 **5750 MAJOR BLVD**

4. FEI Number
65-0343623

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees 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. 199.032,
Florida Statutes ☒ Yes ☐ No

22 Suite, Apt. #, etc.
SUITE 202

27 Suite, Apt. #, etc.
SUITE 202

23 City & State
Orlando Florida

28 City & State
Orlando Florida

24 Zip
32819

25 Country
ORANGE

29 Zip
32819

30 Country
ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANTOS, MAURO C.
25 SE 2ND AVE
SUITE 740
MIAMI FL 33131**

81 Name

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

Signature of type over printed name of registered agent or officer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D TEIXEIRA, MANUEL**
STREET ADDRESS **ESTRADA DE GAVEA 611**
CITY-ST-ZIP **RIO DE JANEIRO, BRAZ**

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

TITLE ☐ DELETE
NAME **D TEIXEIRA, MARIA VIRGINIA**
STREET ADDRESS **ESTRADA DE GAVEA 611**
CITY-ST-ZIP **RIO DE JANEIRO, BRAZ**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D MOTTA, MARINUS**
STREET ADDRESS **RUI URUGUAI 533 APT 203**
CITY-ST-ZIP **TJUCA, R.J. BRAZIL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D MOTTA, IRENE**
STREET ADDRESS **RUI URUGUAI 533 APT 203**
CITY-ST-ZIP **TJUCA, R.J. BRAZIL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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, unchanged, or on an attachment with an address

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-97

Date

407-354-3000

Daytime Phone #

0174436

CR2E034 (9/96)