

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90071 023 ***150.00

DOCUMENT # V46227

1. Corporation Name
GRANWAYS TRAVEL, INC.

Principal Place of Business
7558 SOUTHLAND BLVD
SUITE 105
ORLANDO FL 32809
US

Mailing Address
7558 SOUTHLAND BLVD
SUITE 105
ORLANDO FL 32809
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/26/1992

4. FEI Number
65-0343623

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

21. Principal Place of Business
1650 SAND LAKE RD

Suite, Apt. #, etc.
Suite 265

22. City & State
Orlando Florida

23. Zip Country
32809 ORANGE

24. 32809 25. ORANGE

26. Mailing Address
1650 SAND LAKE RD

Suite, Apt. #, etc.
Suite 265

27. City & State
Orlando Florida

28. Zip Country
32809 ORANGE

29. 32809 30. ORANGE

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

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

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

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

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

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 ☐ Change ☐ Addition

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

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

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

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE: *Manoel Teixeira* REQUIRED SIGNATURE

3/19/99

Date

Daytime Phone #

CR02034 (1/1/98)