

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K63033

**Entity Name:** SITS SOUTHERN INTERNATIONAL TRAVEL SERVICES, INC.

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**7608315050CC**

**Current Principal Place of Business:**

BEST TRAVEL AND TOURS  
3023 NE 5TH TERRACE  
WILTON MANORS, FL 33334

**Current Mailing Address:**

BEST TRAVEL AND TOURS  
300 E. OAKLAND PARK BLVD., PMB#325  
WILTON MANORS, FL 33334 US

**FEI Number: 65-0097944**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ZAMBRANO, NAPOLEON  
3023 NE 5TH TERRACE  
WILTON MANORS, FL 33334 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSD  
Name ZAMBRANO, NAPOLEON  
Address 3023 NE 5TH TERRACE  
City-State-Zip: WILTON MANORS FL 33334

Title S  
Name TORRES, VICTOR H  
Address 4583 APPALOOSA STREET  
City-State-Zip: WEST PALM BEACH FL 33417

Title TVP  
Name ESPOSITO, PAUL M  
Address 3023 NE 5TH TERRACE  
City-State-Zip: WILTON MANORS FL 33334

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: NAPOLEON ZAMBRANO**

**PRESIDENT**

**04/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date