

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005396

**Entity Name:** ABA TRAVL & ENT, INC.

**Current Principal Place of Business:**

16192 COASTAL HWY  
LEWES, DE 19958

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**0545312145CC**

**Current Mailing Address:**

825 BRICKELL BAY DR.  
SUITE 851  
MIAMI, FL 33131 US

**FEI Number:** 65-0163247

**Certificate of Status Desired:** No

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

CARBONELL, AYCHER  
825 BRICKELL BAY DR.  
SUITE 851  
MIAMI, FL 33131 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            CEO  
Name            LORA, WENCESLAO  
Address        825 BRICKELL BAY DR, STE. 851  
City-State-Zip: MIAMI FL 33131

Title            P  
Name            CARBONELL, AYCHER  
Address        825 BRICKELL BAY DR, STE. 851  
City-State-Zip: MIAMI FL 33131

Title            VP  
Name            SALCEDA, MARIO  
Address        825 BRICKELL BAY DR, STE. 851  
City-State-Zip: MIAMI FL 33131

Title            T  
Name            YANES, ALAIN  
Address        825 BRICKELL BAY DR, STE. 851  
City-State-Zip: MIAMI FL 33131

*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:** AYCHER CARBONELL

P

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date