

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:39

DOCUMENT # 694953 (1)
1. Corporation Name
TRAVEL DEPOT, INC.

Principal Place of Business Mailing Address
11880 BIRD ROAD, STE., 101 SUITE 201 MIAMI FL 33175 US
11880 BIRD ROAD, STE., 101 SUITE 201 MIAMI FL 33175 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 11880 Bird Road 26 11880 Bird Road
Suite, Apt. #, etc. 27 Ste. 114
22 Ste. 114 27 Ste. 114
City & State 28 Miami, FL
23 Miami, FL 28 Miami, FL
Zip 24 33175 Country 25 Dade Zip 29 33175 Country 30 Dade

3. Date Incorporated or Qualified 07/16/1981 3a. Date of Last Report 05/01/1994
4. FBI Number 59-2111669 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 S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MCDAVIT, BETTY
11880 BIRD RD SUITE 201
MIAMI FL 33175

10. Name and Address of New Registered Agent
81 Name Maria Mangas Nunez
82 Street Address (P.O. Box Number is Not Acceptable) 10522 SW 145 Ct.
83
84 City Miami FL 85 Zip Code 33186

11. Pursuant to the provisions of Sections 607.0509 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]* DATE 2/13/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HANTMAN, ARNOLD
STREET ADDRESS	11880 BIRD RD #201
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	VD
NAME	MUDD, JOHN
STREET ADDRESS	11880 BIRD ROAD #201
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	T
NAME	WIENER, A.B.
STREET ADDRESS	11880 BIRD ROAD #201
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	SV
NAME	NUNEZ, MARIA M
STREET ADDRESS	11880 BIRD ROAD #201
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Nunez, Modesto	
13 STREET ADDRESS	10522 SW 145 Ct.	
14 CITY-ST-ZIP	Miami, FL 33186	
21 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Nunez, Lourdes	
23 STREET ADDRESS	9347 SW 145 Pl.	
24 CITY-ST-ZIP	Miami, FL 33186	
31 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Mangas Navarro, Lourdes	
33 STREET ADDRESS	55 Samana Dr.	
34 CITY-ST-ZIP	Coconut Grove, FL 33133	
41 TITLE	F/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Mangas Nunez, Maria	
43 STREET ADDRESS	10522 SW 145 Ct.	
44 CITY-ST-ZIP	Miami, FL 33186	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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 190.032(b)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report or 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 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable. I have attached with an address:

SIGNATURE: *[Signature]* DATE 2/13/95 (305) 221-2090
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR