

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90063 029 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # 694953

1. Corporation Name
TRAVEL DEPOT, INC.



Principal Place of Business
 11880 BIRD ROAD
 SUITE 114
 MIAMI FL 33175
 US

Mailing Address
 11880 BIRD ROAD
 SUITE 114
 MIAMI FL 33175
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/16/1981

4. FEI Number
59-2111669

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent
NUNEZ, MARIA MANGAS
10522 SW 145 CT
MIAMI FL 33186

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PM MANGAS NUNEZ, MARIA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10522 SW 145 COURT	1.2 NAME	
STREET ADDRESS	MIAMI FL 33186	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD NUNEZ, MODESTO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10522 SW 145 COURT	2.2 NAME	
STREET ADDRESS	MIAMI FL 33186	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S NUNEZ, LOURDES	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9347 SW 145 PLACE	3.2 NAME	
STREET ADDRESS	MIAMI FL 33186	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T NAVARRO, LOURDES M	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	55 SAMANA DR	4.2 NAME	
STREET ADDRESS	COCONUT GROVE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	33133
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D TERESITA BEIRO
STREET ADDRESS		5.3 STREET ADDRESS	10223 SW 17 ST.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Mangas Nunez* **MARIA MANGAS NUNEZ** **Nunez** **4/12/99** **305-221-2090**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

U231147

CR2E034 (1/198)