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Mar 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F58052 (4)  
1. Corporation Name  
GLOBAL TRAVEL, INC.



Principal Place of Business Mailing Address  
% MICHAEL E. OESTERLE 5965 SW 8TH ST MIAMI FL 33144  
% MICHAEL E. OESTERLE 5965 SW 8TH ST MIAMI FL 33144-5037

3. Date Incorporated or Qualified 12/10/1981  
3a. Date of Last Report 06/11/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number 59-2159165 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  
OESTERLE, MICHAEL E  
5965 SW 8TH ST  
MIAMI FL 33144  
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  
TITLE SD OESTERLE, MICHAEL E  
NAME OESTERLE, MICHAEL E  
STREET ADDRESS 5965 SW 8TH STREET  
CITY- ST- ZIP MIAMI FL  
TITLE PD OESTERLE, CLARA R.  
NAME OESTERLE, CLARA R.  
STREET ADDRESS 5965 SW 8TH STREET  
CITY- ST- ZIP MIAMI FL  
TITLE VD STORKENSEN, ROBIN E  
NAME STORKENSEN, ROBIN E  
STREET ADDRESS 5965 SW 8TH STREET  
CITY- ST- ZIP MIAMI FL  
TITLE TD OESTERLE, RALPH E  
NAME OESTERLE, RALPH E  
STREET ADDRESS 5965 SW 8TH STREET  
CITY- ST- ZIP MIAMI FL  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
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 do 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, as if changed, or both, with a new address.

SIGNATURE: *Ralph E Oesterle* 3/17/97 (305) 264-1776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)