

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morharn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G49567 (2)

1. Corporation Name
JACQUIN TRAVEL CORPORATION

Principal Place of Business 2335 NW 107TH AVE. BOX 40 MIAMI FL 33172	Mailing Address 10530 NW 26 St. F-105 MIAMI FL 33172	Principal Place of Business 2335 NW 107TH AVE. BOX 40 MIAMI FL 33172	Mailing Address 10530 NW 26 St. F-105 MIAMI FL 33172
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business 21 10530 NW 26 St. Suite, Apt. #, etc. 22 F-105 City & State 23 MIAMI FL Zip 24 33172	2a. Mailing Address 26 10530 NW 26 St. Suite, Apt. #, etc. 27 F-105 City & State 28 MIAMI FL Zip 29 33172
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/15/1983	3a. Date of Last Report 12/02/1994
4. FEI Number 59-2309188	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DIBERNARDO, JACQUIN
 2335 NW 107 AVE.
 BOX 40
 MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	10530 NW 26 St.
83	F-105
84 City	MIAMI FL
85 Zip Code	FL 33172

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 fee if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIBERNARDO, JACQUIN	1.2 NAME	
STREET ADDRESS	7940 SW 10TH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, WALTER D	2.2 NAME	
STREET ADDRESS	305 W 68 ST, #217	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(j), 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 on an attachment with an address.

SIGNATURE: WALTER D. WARD *Walter D. Ward* 23 JAN 1995 305-592-5882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR