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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Socretary of State DIVISION OF CORPORATIONS 1997 97 JUN 30 PM 3: 35 DOCUMENT # H99884 (9)SECRETARY OF STATE TALLAHASSEE, FLORIDA BOCA*DELRAY TRAVEL, INC. Principal Place of Business Mailing Address % ZDENKA DUBSKY **% ZDENKA DUBSKY** 5130 LINTON BLVD. SUITE B-5 5130 LINTON BLVD. SUITE 8-5 DELRAY BEACH FL \$3484-3595 DELRAY BEACH FL 33484-6595 Date Incorporated or Qualified 3a. Date of Last Report 02/18/1986 01/29/1996 Principal Place of Business Mailing Address FE! Number Applied For 59-2664347 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 27 Fee Required 22 6. Election Campaign Financing City & State City & State \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 Florida Statutes 30 Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name DUBSKY, MICHAEL V. 9748 NEVADA PLACE 62 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FLI33434** 83 84 City 85 Zip Code 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS (96/6)MOD TITLE ☐ DELETE 1.1 THLE ☐ Change Addition 600002231616-4 -07/07/97-01133-020 DUBSKY, ZDENKA NAME 1.2 NAME CR2E034 9748 NEVADA PL. STREET ADDRESS 1.3 STREET ADDRESS ****165.00 ****165.00 **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 1011€ DUBSKY, MICHAEL NAME 2.2 NAME STREET ADDRESS 9748 NEVADA PL 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE TITLE Change Addition | 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. DITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE Change TITLE 6.1 HHz NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP I do hereby certify that the infinite information indicated on this I am an officer or director of his/filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the contail annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that beiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 attachment with an address.

AU-31-97