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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M26262** **(9)**

1. Corporation Name
THE TRAVEL CLUB, INC.

Principal Place of Business	Mailing Address
7104 SW 135 COURT MIAMI FL 33183	7104 SW 135 COURT MIAMI FL 33183-2327

3. Date Incorporated or Qualified: 01/22/1986
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26: 480 West 83rd St
Suite, Apt. #, etc. — 27:
City & State — 28: Hialeah, FL
Zip — 29: 33016 Country — 30: USA

4. FEI Number: 59-2630485 ☐ 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

OLIVEROS, ARMANDO JR.
6361 SUNSET DRIVE
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: Louis M. Hillman - Walter
82 Street Address (P.O. Box Number is Not Acceptable): 901 Ponce de Leon Blvd. Suite 502
83:
84 City: Coral Gables FL 85 Zip Code: 33134

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: Louis M. Hillman - Walter — DATE: 4/3/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☑ DELETE	1.1 TITLE	P/S/T/D	☑ Change ☑ Addition
NAME	CUELL, HUGH		1.2 NAME	HANS Thies BARBACHANO	
STREET ADDRESS	71 THE CAMBERLEY SURREY		1.3 STREET ADDRESS	480 West 83rd Street	
CITY-ST-ZIP	LONDON, ENGLAND		1.4 CITY-ST-ZIP	Hialeah FL 33016	
TITLE	P	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BLAKE, MILLICENT		2.2 NAME		
STREET ADDRESS	7104 S.W. 135TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
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		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Hans Thies Barbachano 4/3/97 (305)670-9691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #