

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 AUG -1 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074996 (8)

1. Corporation Name
MELIA TRAVEL (FLORIDA), INC.

Principal Place of Business Mailing Address
2000 UNIVERSAL STUDIOS SUITE 609 ORLANDO FL 32819 **2000 UNIVERSAL STUDIOS SUITE 609 ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		28		10/28/1993		04/28/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3210228		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		26		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country					
25		30					
33134		Dade					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NORRIS, CONNIE 2000 UNIVERSAL STUDIOS SUITE 609 ORLANDO FL 32819				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL 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: *René Dago* **RENE DAGO, VICE PRESIDENT** DATE: **7/24/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	10	11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGUE, STEPHANIE L	12 NAME	Marks, Henry E.
STREET ADDRESS	25 S CANOE CREEK RD	13 STREET ADDRESS	325 Alhambra Circle
CITY - ST - ZIP	KENANSVILLE FL 34739-0696	14 CITY - ST - ZIP	Coral Gables, FL 33134
TITLE	11	21 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, CONNIE	22 NAME	Dago, Rene
STREET ADDRESS	608 COMIND CT	23 STREET ADDRESS	325 Alhambra Circle
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32701	24 CITY - ST - ZIP	Coral Gables, FL 33134
TITLE	12	31 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Zaldivar, Josefina
STREET ADDRESS		33 STREET ADDRESS	325 Alhambra Circle
CITY - ST - ZIP		34 CITY - ST - ZIP	Coral Gables, FL 33134
TITLE	13	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	14	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	15	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

CR2E034 (3/95)

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 119.07(3)(b), 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: *[Signature]* DATE: **7/24/95** (304) 442-0767