

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000004166 (2)

1. Corporation Name

WHOLESALE TRAVEL CLUB, INC.

Principal Place of Business

1221 BRICKELL AVE
SUITE 1790
MIAMI FL 33131

Mailing Address

1221 BRICKELL AVE
SUITE 1790
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1994

3a. Date of Last Report

2. Principal Place of Business

21 5000 NW 36 STREET

2a. Mailing Address

26 P.O. BOX 522206

4. FEI Number

65-0461467

Applied For

Not Applicable

Suite, Apt. #, etc.

22 215

Suite, Apt. #, etc.

27 /

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

24

Zip

Country

29 33152

30 USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AGUIRRE, JUAN L
1208 ALGERIA AVE.
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	AGUIRRE, JUAN L
STREET ADDRESS	1208 ALGERIA AVE.
CITY, ST, ZIP	CORAL GABLES FL 33134
TITLE	HA
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

1. TITLE	DV	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
21. TITLE	VD	☐ Change ☒ Addition
22. NAME	MARYSE BLANCHET	
23. STREET ADDRESS	13022 NW 11 ST	
24. CITY, ST, ZIP	PENNSCOKE PINES FL 33026	
31. TITLE	VD	☐ Change ☒ Addition
32. NAME	PICKLUGI GALOPPI	
33. STREET ADDRESS	555 NE 34 STREET - APT # 603	
34. CITY, ST, ZIP	MIAMI, FL 33137	
41. TITLE		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

14. I 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)(a), 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:

Maryse Blanchet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARYSE BLANCHET VP

4/30/95

(301) 870 9446