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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P94000004166 (2)

1. Corporation Name
WHOLESALE TRAVEL CLUB, INC.

Principal Place of Business	Mailing Address
6405 NW 36 ST #101 MIAMI FL 33166 US	6405 NW 36 ST #101 MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1994

2. Principal Place of Business	2a. Mailing Address
21 555 NE 34 ST.	26 555 NE 34 ST.
Suite, Apt. #, etc. 22 APT 1703	Suite, Apt. #, etc. 27 APT 1703
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33137 Country 25 DADE	Zip 29 33137 Country 30 DADE

4. FEI Number: 65-0461467 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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: PIERLUIGI GALOPPI
82 Street Address (P.O. Box Number is Not Acceptable): 555 NE 34 ST. APT 1703
83
84 City: MIAMI FL **FL** 85 Zip Code: 33137

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] PIERLUIGI GALOPPI 4/29/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV AGUIRRE, JUAN L 1208 ALGERIA AVE. CORAL GABLES FL 33134	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	JOSEPH CINI VD 250 CATALONIA #507 CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GALOPPI, PIERLUIGI 555 NE 34 ST, APT 1703 MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VS GUILLERMO CARAM 250 CATALONIA # 507 CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PD PIERLUIGI GALOPPI 555 NE 34 ST. APT 1703 MIAMI FL 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	500002632205 -09/04/98--01064--028 ***558.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

14. I 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: [signature] PIERLUIGI GALOPPI Pres 8/29/1998 (305) 446-1303