

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

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000026700 (1)
 1. Corporation Name
TRADE CIRCLE TRAVEL, INC.

Principal Place of Business 8405 N.W. 66TH STREET MIAMI FL 33166	Mailing Address 8405 N.W. 66TH STREET MIAMI FL 33166-2630
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/03/1995	3a. Date of Last Report 04/29/1996
4. FEI Number 65-0581542	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MICHAEL I REIS
8405 NW 66 ST.
~~SUITE 400~~
MIAMI FL 33166**

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: _____ DATE: _____
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD HYMAN	<input type="checkbox"/> DELETE
NAME	HUMAN I ASH	
STREET ADDRESS	144 BUGGY HOLE	
CITY - ST - ZIP	CHRISTIANSTED ST. CROIX VI	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RICHARD KANDARIAN	
STREET ADDRESS	144 BUGGY HOLE APT 1	
CITY - ST - ZIP	CHRISTIANSTED ST. CROIX VI	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PETER FIELD	
STREET ADDRESS	144 BUGGY HOLE APT 2	
CITY - ST - ZIP	CHRISTIANSTED ST. CROIX VI	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEBORAH L. REIS	
STREET ADDRESS	8405 NW 66 ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	HYMAN I. ASH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	40 AVE, BLDG. 4-C, VI INDUSTRIAL PARK	
1.4 CITY - ST - ZIP	KINGS HILL, ST. CROIX, VI 00850	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	40 AVE, BLDG. 4-C, VI INDUSTRIAL PARK	
2.4 CITY - ST - ZIP	KINGS HILL, ST. CROIX, VI 00850	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	40 AVE, BLDG. 4-C, VI INDUSTRIAL PARK	
3.4 CITY - ST - ZIP	KINGS HILL, ST. CROIX, VI 00850	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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: _____ DATE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR3034 (9/96)

(800) 772-5511