

04271999-90120-001-\$150.00-\$150.00

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90120 001 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026700

1. Corporation Name

TRADE CIRCLE TRAVEL, INC.



Principal Place of Business

8405 N.W. 66TH STREET
MIAMI FL 33165

Mailing Address

8405 N.W. 66TH STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1995

4. FEI Number

65-0581542

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 the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

STEVEN KRINGOLD

82 Street Address (P.O. Box Number is Not Acceptable)

8405 NW 66 STREET

83

84 City

MIAMI

FL

85 Zip Code

33166

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

Steven Kringsold

4/21/99

12. OFFICERS AND DIRECTORS

TITLE DELETE

PD
NAME ASH, HYMAN I
STREET ADDRESS RR2 PO BOX 9902
CITY-STATE-ZIP KINGSHILL ST CROIX VI 00850

TITLE DELETE

VPD
NAME RICHARD KANDARIAN
STREET ADDRESS R R 2 P O BOX 9902
CITY-STATE-ZIP KINGSHILL ST CROIX VI 00850

TITLE DELETE

TD
NAME PETER FIELD
STREET ADDRESS R R 2 P O BOX 992
CITY-STATE-ZIP KINGSHILL ST CROIX VI 00850

TITLE DELETE

SD
NAME DEBORAH L. REIS
STREET ADDRESS 8405 NW 66 ST.
CITY-STATE-ZIP MIAMI FL 33166

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

Date

(305) 592-7777

Daytime Phone

CR2E034 (11/98)