

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

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Senora B. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

1995-1-95

6-5764

APPROVED  
AND  
FILED

95 MAY -1 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S35402** (4)

1. Corporation Name  
**U.S. TRAVEL AGENCY, INC.**

Principal Place of Business Mailing Address  
**10250 SW 56TH ST A-201 MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/04/1991</b>	3a. Date of Last Report <b>06/13/1994</b>
4. FBI Number <b>65-0246618</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation has liability for intangible tax under s. 196.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address	4. FBI Number	Applied For
21 <b>1150 NW 72nd AVE</b>	26 <b>1150 NW 72nd AVE</b>	65-0246618	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 <b># 730</b>	Suite, Apt. #, etc. 27 <b># 730</b>	5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
City & State 23 <b>MIAMI FL</b>	City & State 28 <b>MIAMI FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 <b>33126</b>	25 <b>DADE</b>	29 <b>33126</b>	30 <b>DADE</b>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>LARRAIN, BERNARDITA</b> <b>13600 SW 75TH ST</b> <b>SUITE 300</b> <b>MIAMI FL 33183</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLARDO, EDUARDO</b>	1.2 NAME	
STREET ADDRESS	<b>6825 SW 62 TER</b>	1.3 STREET ADDRESS	<b>100 OCEAN LN DR #404</b>
CITY, ST, ZIP	<b>MIAMI FL</b>	1.4 CITY, ST, ZIP	<b>KEY BISCAYNE FL 33149</b>
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARRAIN, BERNARDITA</b>	2.2 NAME	
STREET ADDRESS	<b>13600 SW 75TH ST</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL</b>	2.4 CITY, ST, ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLARDO, MARIA</b>	3.2 NAME	
STREET ADDRESS	<b>6825 SW 62 TER</b>	3.3 STREET ADDRESS	<b>100 OCEAN LN DR #404</b>
CITY, ST, ZIP	<b>MIAMI FL</b>	3.4 CITY, ST, ZIP	<b>KEY BISCAYNE FL 33149</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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: **Marijo Gallardo ST** 4/28/95 (905) 593-9389  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR