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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

100 WESTWARD DRIVE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 248082

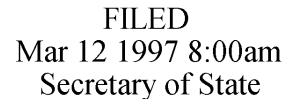
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TRAVELWISE CORPORATION.

ELWISE CONFORMION.

Mailing Address

100 WESTWARD DRIVE MIAMI SPRINGS FL 33166





	3 FL 83166	11	MIAMI SPRINGS FL 3316	00-0200					
						3. Date Incorporated or Qualified 06/02/1961	3a. Date of 02/20/		ort
2. Principal Pla	ace of Business		2a. Mailing Address			4. FEI Number		Applie	ed For
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Suite, Apt. (	#, etc.	r. Francisco	Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Add	
2		- 5	27			5. Commodite of Guida Beamed		Fee Requi	ired
City & State	)		City & State			6. Election Campaign Financing		<b>5.00</b> Ma	ау Ве
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Ζίρ	Co	ountry	Zip	Country	у	8. This corporation has liability for i	intangible tax ι	ınder s. 19	99.032
4	25		29	30]			Yes No		
		dress of Current	Registered Agent		T	10. Name and Address of New Re	gistered Agen	it	
	A,ERNEST			81	Name				
7862	2 S. W. 67TH CT	•		82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
MIAN	vii <b>S</b> prings fl 3	3166							
2				83	}				
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• .		13.5		84	City		FL 85	Zip Cod	do
SIGNATURE	Signature, typed or printed	manie of registered agen	t and title if applicable (NC	) IE: Registered Ag	jont signature requ	ired when reinstating)	DATE		
			<del></del>					FOTO DO II	
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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 minual 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.

COCALO DE DE CAMBRIA

8/1/9- 305.88-1601