FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **372269** **(1)**

1. Corporation Name

YOUR TRAVEL AGENT, INC.

Principal Place of Business	Mailing Address
550 BILTMORE WAY CORAL GABLES FL 33134	550 BILTMORE WAY CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **11/04/1970**
3a. Date of Last Report: **05/12/1995**

4. FEI Number: **59-1312714** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

PRESTEGAARD, LUCETTE J.
5290 SW 64TH CT
SOUTH MIAMI FL 33155

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 Section 607.0505 or 1.1047 15(3), 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. Said 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: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	PRESTEGAARD,LUCETTE J		2 NAME	
STREET ADDRESS	5290 SW 64 CT		3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL		4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	NORLEM,ALLAN		6 NAME	
STREET ADDRESS	11000 SW 120 STREET		7 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		8 CITY-ST-ZIP	
TITLE	D	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	TSOUPRAKE,TED		10 NAME	
STREET ADDRESS	220 MIRACLE MILE		11 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		12 CITY-ST-ZIP	
TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 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)(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 added, above.

SIGNATURE: ALLAN NORLEM V.P. (305) 446-8232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)