

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90038 033 ***150.00

DOCUMENT # 372269

1. Corporation Name
YOUR TRAVEL AGENT, INC.

Principal Place of Business
550 BILTMORE WAY
CORAL GABLES FL 33134

Mailing Address
550 BILTMORE WAY
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1970

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 owes the current year intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 11000 SW 120 ST

26 SAME AS 2

Suite, Apt., etc.

Suite, Apt., etc.

22 City & State

27 City & State

23 MIAMI FL

28

Zip Country

Zip Country

24 33176 25 DADE

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRESTEGAARD, LUCETTE
11000 SW 120 ST
MIAMI FL 33176

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME PRESTEGAARD, LUCETTE J
STREET ADDRESS 11000 SW 120 ST
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME NORLEM, ALLAN
STREET ADDRESS 11000 SW 120 STREET
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME TSOUAPRAKE, TED
STREET ADDRESS 220 MIRACLE MILE
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99 305 378-4499

Date

Daytime Phone #

0195785

CR2E034 (11/98)