

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 9:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 431747

(5)

1. Corporation Name:

BTM TRAVEL GROUP, INC.

Principal Place of Business

11052 SATELLITE BLVD.
 REGENCY INDUSTRIAL PARK
 ORLANDO FL 32837

Mailing Address

11052 SATELLITE BLVD.
 REGENCY INDUSTRIAL PARK
 ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1973

3a. Date of Last Report

05/24/1994

4. FEI Number

59-1482614

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Election of Single-Step Filing

☐ \$5.00 May Be
 Added to Fees

7. This corporation has liability for franchise tax under s. 190.032,
 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARCO, CARROLL S.
 11052 SATELLITE BLVD.
 REGENCY INDUSTRIAL PARK
 ORLANDO FL 32837**

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 (print or printed name of registered agent and title) (date)

(Signature) Registered Agent signature required when registering (date)

(date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL INFORMATION

1. TITLE	VP
2. NAME	PEREZ, ALFONSO II
3. STREET ADDRESS	11052 SATELLITE BLVD
4. CITY, ST, ZIP	ORLANDO FL
5. TITLE	P
6. NAME	PEREZ, ALFONSO II
7. STREET ADDRESS	11052 SATELLITE BLVD
8. CITY, ST, ZIP	ORLANDO FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information 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. I am an officer or director of the corporation or the recorder 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 of this report, or both, attached with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFONSO PEREZ

E. P. R.

6/6/95

Signature (print)