

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 11:16

DOCUMENT # 486252 (0)

1. Corporation Name
ROCKY'S PLACE FOR TRAVEL, INC.

Principal Place of Business Mailing Address
1948 N.E. 123RD ST., STE. 101 NORTH MIAMI FL 33181
1948 N.E. 123RD ST., STE. 101 NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/07/1975** 3a. Date of Last Report **04/08/1994**

2. Principal Place of Business 21 3000 Island Blvd Suite, Apt. #, etc.	2a. Mailing Address 5 3000 Island Blvd Suite, Apt. #, etc.	4. FEI Number 59-1623471	Applied For <input type="checkbox"/> Not Applicable
22 #1506 City & State	27 #1506 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Miami, FL 33160 Zip Country	28 Miami, FL 33160 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30

9. Name and Address of Current Registered Agent SILVERSTEIN, RAQUEL 2120 N.E. 198TH TERRACE NORTH MIAMI FL 33179		10. Name and Address of Now Registered Agent		
81 Name	SILVERSTEIN, RAQUEL			
82 Street Address (P.O. Box Number is Not Acceptable)	3000 Island Blvd.			
83	#1506			
84 City	Miami	85 Zip Code	FL 33160	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN:	
TITLE	STP	1.1 TITLE	STP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERSTEIN, RAQUEL	1.2 NAME	SILVERSTEIN, RAQUEL
STREET ADDRESS	2120 NE 198TH TERRACE	1.3 STREET ADDRESS	3000 Island Blvd #1506
CITY - ST - ZIP	N. MIAMI BEACH FL	1.4 CITY - ST - ZIP	Miami, FL 33160
TITLE	V	2.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERSTEIN, BARRY	2.2 NAME	SILVERSTEIN, BARRY
STREET ADDRESS	2120 NE 198TH TERRACE	2.3 STREET ADDRESS	2998 NE 191 St - Suite 704
CITY - ST - ZIP	N. MIAMI BEACH FL	2.4 CITY - ST - ZIP	Aventura, FL 33180
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
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 110.07(3)(a), 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: *Raquel Silverstein* **6/30/95 (305) 932-4039**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAQUEL SILVERSTEIN

CR2E034 (3/95)