

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **488337** (7)
1. Corporation Name
FOUR-WAY TRAVEL, INC.

Principal Place of Business Mailing Address
9888 W. SAMPLE ROAD CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/23/1975	07/27/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1634629	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

DERUSHA, CECILIA ARELLANO
1082 CORAL CLUB DRIVE
CORAL SPRINGS FL 33071

81 Name DERUSHA, CECILIA
82 Street Address (P.O. Box Number is Not Acceptable)
9868 W. SAMPLE ROAD
83 CORAL SPRINGS
84 City CORAL SPRINGS FL 85 Zip Code 33065

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 Cecilia Arellano DATE 4/24/95
Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>P/S</u>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>DERUSHA, CECILIA ARELLANO</u>	12. NAME	
STREET ADDRESS	<u>1082 CORAL CLUB DRIVE</u>	13. STREET ADDRESS	
CITY - ST - ZIP	<u>CORAL SPRINGS FL 33071</u>	14. CITY - ST - ZIP	
TITLE	<u>VP/T</u>	2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>ARELLANO, LUIS A.</u>	2.2. NAME	
STREET ADDRESS	<u>11378 SW 2ND COURT</u>	2.3. STREET ADDRESS	
CITY - ST - ZIP	<u>PEMBROKE PINES FL</u>	2.4. CITY - ST - ZIP	
TITLE	<u>V/D</u>	3.1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>ARELLANO, VICTRIA F.</u>	3.2. NAME	
STREET ADDRESS	<u>11378 SW 2ND COURT</u>	3.3. STREET ADDRESS	<u>DELETE DIRECTOR</u>
CITY - ST - ZIP	<u>PEMBROKE PINES FL 33025</u>	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)(k), 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 this 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: Arellano DATE 4/24/95 TIME 2:23:38PM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR