2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 540001** KENDALE LAKES TRAVEL, INC. Principal Place of Business Mailing Address 14035 N KENDALL DRIVE 14035 N KENDALL DRIVE MIAMI FL 33186-4002 FL 33186 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number City & State City & State 59-1742305 Country Zip Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HACKER, BARBARA Street Address (P.O. Box Number is Not Acceptable) 14035 N KENDALL DR MIAMI FL 33186 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) 12. 11. OFFICERS AND DIRECTORS ☐ Delete TITLE HACKER, BARBARA NAME NAME 2901 S BAYSHORE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 SVD Delete TITL F TITLE HACKER, MARGARET NAME NAME STREET ADDRESS 13951 SW 66TH STREET STREET ADDRESS

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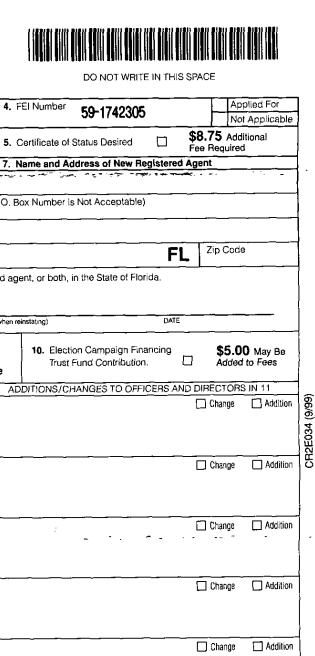
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FILED May 01, 2000 8:00 am Secretary of State

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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachaevit with an aydress, with all other like empowered.

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MIAMI FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition