

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

FILED
Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 540944 (6)

1. Corporation Name
AROUND THE WORLD TRAVEL, INC.

Principal Place of Business
1701 PONCE DE LEON BLVD
CORAL GABLES FL 33134
US

Mailing Address
PO BOX 149005
CORAL GABLES FL 33114-9005
US



3. Date Incorporated or Qualified 06/29/1977	3a. Date of Last Report 01/26/1996
4. FEI Number 59-1746968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Zip

9. Name and Address of Current Registered Agent HASSINE, SIMON 1701 PONCE DE LEON BLVD. CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIAS, PATRICIA H.	1.2 NAME	
STREET ADDRESS	10000 SW 60 CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSINE, MICHELE	2.2 NAME	
STREET ADDRESS	11 GROVE ISLE #1210	2.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT GROVE FL	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSINE, SIMON	3.2 NAME	
STREET ADDRESS	11 GROVE ISLE #1210	3.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT GROVE FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSINE, JACKIE	4.2 NAME	
STREET ADDRESS	11 GROVE ISLE #1210	4.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT GROVE FL	4.4 CITY - ST - ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSINE, CATHY	5.2 NAME	
STREET ADDRESS	1801 ESPANOLA DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT GROVE FL	5.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIAS, MARK	6.2 NAME	
STREET ADDRESS	10000 SW 60 CT	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	

14. I do 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 or changed or on an attachment with an address.

SIGNATURE: Cathy Hassine 1-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)