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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 547693 (2)

1. Corporation Name

AMERICAN INTERNATIONAL TRAVEL AGENCY, INC.



Principal Place of Business

29267 US 19 NO
STE 220
CLEARWATER FL 34621
US

Mailing Address

29267 US 19 NO
STE 220
CLEARWATER FL 34621
US

3. Date Incorporated or Qualified
09/27/1977

3a. Date of Last Report
06/05/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEVANANI, SALU
785 NORTH BAYSHORE
SAFETY HARBOR FL 34695

81

Name

FRANCES STEWART

82

Street Address (P.O. Box Number is Not Acceptable)

1348 DINSMORE COURT

83

City

NEW PORT RICHEY

84

City

NEW PORT RICHEY

FL

85 Zip Code

34635

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 FRANCES M. STEWART

Signature typed or printed name of registered agent, if not applicable

(NOTE: Registered Agent signature required when not stating)

FRANCES M. STEWART

4/18/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME STEWART, OWEN
STREET ADDRESS 1348 DINSMORE COURT
CITY - ST - ZIP NEW PORT RICHEY FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Add on

TITLE ST ☐ DELETE

NAME STEWART, FRANCES
STREET ADDRESS 1348 DINSMORE COURT
CITY - ST - ZIP NEW PORT RICHEY FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME DEVANANI, SALU
STREET ADDRESS 785 N. BAYSHORE BLVD
CITY - ST - ZIP SAFETY HARBOR FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 119.07(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 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: FRANCES STEWART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 813 796 2236

DATE

Daytime Phone #

CR2E034 (12/95)