FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **556670** **(8)**

1. Corporation Name
TRAVEL CONNECTION, INC.

Principal Place of Business
7006 S.W. 87 AVE.
MIAMI FL 33173

Mailing Address
7006 S.W. 87 AVE.
MIAMI FL 33173

3. Date Incorporated or Qualified: **12/22/1977**
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1788232** Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
RAVEN, LENORE S.
8935 SW 83RD STREET
MIAMI FL 33173

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

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 above indicates acceptance) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	☐ DELETE
NAME	TRAKTMAN, GERALD	
STREET ADDRESS	20425 HIGHLAND LK BLVD	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PD	☐ DELETE
NAME	RAVEN, LENORE S	
STREET ADDRESS	8935 SW 83RD STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	V	☐ DELETE
NAME	FADER, ALBERT E	
STREET ADDRESS	650 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NEW YORK 00000	
TITLE	V	☐ DELETE
NAME	RAVEN, ALAN	
STREET ADDRESS	8935 SW 83RD STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	SD	☐ DELETE
NAME	MATZ, SAMUEL V	
STREET ADDRESS	8380 SW 154TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	V	☐ DELETE
NAME	SAYOC, MADELINE	
STREET ADDRESS	1170 NE 170TH STREET	
CITY-ST-ZIP	MIAMI, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(x), 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: Lenore S Raven 04/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)