

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90021 038 \*\*\*150.00

DOCUMENT # **556670**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/22/1977**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

22. City & State

**23**  
Zip Country

27. City & State

**28**  
Zip Country

9. Name and Address of Current Registered Agent

**RAVEN, LENORE S.  
8124 SW 81 TERRACE  
MIAMI FL 33143**

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 607.0532 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **TRAKTMAN, GERALD**  
CITY-ST-ZIP **20425 HIGHLAND LK BLVD  
MIAMI, FL 00000**

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **RAVEN, LENORE S**  
CITY-ST-ZIP **8935 SW 83RD STREET  
MIAMI, FL 00000**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **FADER, ALBERT E**  
CITY-ST-ZIP **650 PARK AVENUE  
NEW YORK, NEW YORK 00000**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **RAVEN, ALAN**  
CITY-ST-ZIP **8124 SW 81 TERRACE  
MIAMI, FL 00000**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **MATZ, SAMUEL V**  
CITY-ST-ZIP **8380 SW 154TH TERRACE  
MIAMI, FL 00000**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **SAYOC, MADELINE**  
CITY-ST-ZIP **1170 NE 170TH STREET  
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0249175