

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporate Affairs	<i>P. S. SPECIALTY FILLED FLORIDA DEPARTMENT OF STATE SE FEB 11 1994 12:16</i>
DOCUMENT # 634592 (0)			
1. Corporation Name SPECIALIZED TRAVEL SYSTEMS, INC.			
Principal Place of Business 11900 BISCAYNE BLVD SUITE 420 MIAMI FL 33181 US		11900 BISCAYNE BLVD. 420 MIAMI FL 33181 US	
2. Principal Place of Business 11900 Biscayne Blvd.		2a. Mailing Address 11900 Biscayne Blvd.	3. Date Incorporated 08/31/1979
Suite #420		27. Date of Appt. #420	4. Date of Last Chap 01/25/1994
City & State Miami Florida		28. City & State Miami Florida	5. Certificate of State Dissolved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$8.75 Additional Fee Required
Zip 33181		29. Zip 33181	6. Farther Certificate Issued <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$5.00 May Be Added To Fees
30. County Cook		7. This corporation has authority to transact business under the name Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent FRIEDHEIM, RAYMOND 11900 BISCAYNE BLVE SUITE 420 MIAMI FL 33181		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 Section 100.14, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. This statement was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, from Friedheim, Gerald , and accept the obligation to file all documents filed subsequently.			
SIGNATURE: <i>R. Friedheim</i>			
12. OFFICER OR DIRECTOR		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	T P	14. OFFICER NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	FRIEDHEIM, RAYMOND 11900 BISCAYNE BLVD, SUITE 420 MIAMI FL	15. OFFICER NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DS	16. OFFICER NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	FRIEDHEIM, GERALD 11900 BISCAYNE BLVD, SUITE 420 MIAMI FL	17. OFFICER NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VP	18. OFFICER NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	ROBERTO, WILLIMANN 11900 BISCAYNE BLVD MIAMI FL	19. OFFICER NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		20. OFFICER NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		21. OFFICER NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		22. OFFICER NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		23. OFFICER NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I declare, certify, and affirm under penalty of perjury, that the information contained with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.06(9)(b), Florida Statutes. I further certify, that I am an officer or manager for the corporation or the receiver or trustee appointed to examine the report as required by Chapter 1007, Florida Statutes, and that my signature shall have the same legal effect and weight under Florida law as if it were affixed to an original document with an ink stamp.			
SIGNATURE: <i>R. Friedheim</i>		Feb. 09/95	(305) 895-0186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON THIS LINE		100	100-00017 CP