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

DOCUMENT # **662454** **(8)**

1. Corporation Name
TRAVEL TIME BUREAU INC.

Principal Place of Business
1640 E. HALLENDALE BCH. BLVD
~~C/O H. LAWRENCE ASHER~~
HALLANDALE FL 33009

Mailing Address
1640 E. HALLENDALE BCH. BLVD
~~C/O H. LAWRENCE ASHER~~
HALLANDALE FL 33009

3. Date Incorporated or Qualified: 05/08/1980
3a. Date of Last Report: 07/24/1995

2. Principal Place of Business
21 1640 E HALLANDALE BCH BLVD
22 Suite, Apt. #, etc.
23 City & State: HALLANDALE FL
24 Zip: 33009
25 Country: DADE

2a. Mailing Address
26 1640 E. HALLANDALE BCH BLVD
27 Suite, Apt. #, etc.
28 City & State: HALLANDALE FL
29 Zip: 33009
30 Country: DADE

4. FEI Number: 59-2001670 — 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
COHEN, ALEBERTO
1640 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

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 _____ Signature of or printed name of registered agent on this date. (NOTE: Registered Agent's signature required when resigning) DATE 4/13/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	COHEN, ALBERTO	
STREET ADDRESS	740 SW 100TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	V	☐ DELETE
NAME	COHEN, ELIAHOU	
STREET ADDRESS	740 SW 100TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	ST	☐ DELETE
NAME	COHEN, REBECCA	
STREET ADDRESS	740 SW 100TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/13/96 Daytime Phone # 954-454-8888

CR2E034 (12/95)