FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 12:27

DOCUMENT # 696979 (4)

1. Corporation Name
FRIENDSHIP TRAVEL, INC.

Principal Place of Business	Mailing Address
2027 UNIVERSITY DR. CORAL SPRINGS FL 33071-6132	2027 UNIVERSITY DR. CORAL SPRINGS FL 33071-6132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1981
3a. Date of Last Report: 01/26/1994

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: NOT APPLICABLE ☐ 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

ISCARO, PATRICIA
2027 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

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 PATRICIA ISCARO [signature] [signature] [date]

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FEE, MICHELLE
STREET ADDRESS	2027 UNIVERSITY DR
CITY ST ZIP	CORAL SPRINGS FL
TITLE	TD
NAME	SPERANZA, SUSAN
STREET ADDRESS	2027 UNIVERSITY DR
CITY ST ZIP	CORAL SPRINGS FL
TITLE	VD
NAME	KORN, LYNN
STREET ADDRESS	2027 UNIVERSITY DR.
CITY ST ZIP	CORAL SPRINGS FL
TITLE	SD
NAME	ISCARO, PATRICIA
STREET ADDRESS	2027 UNIVERSITY DR
CITY ST ZIP	CORAL SPRINGS FL
TITLE	D
NAME	ISCARO, ANTHONY
STREET ADDRESS	2027 UNIVERSITY DR
CITY ST ZIP	CORAL SPRINGS FL
TITLE	
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: Patricia Iscaro Patricia Iscaro 1/9/95 305 755-3977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0114700 CP