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 # **F11819** **(2)**

1. Corporation Name

TRANS-CONTINENTAL TRAVEL SERVICE, INC.

Principal Place of Business	Mailing Address
C/O JOAN HALL 1550 SW 1ST ST SUITE 11 MIAMI FL 33135	C/O JOAN HALL 1550 SW 1ST ST SUITE 11 MIAMI FL 33135

3. Date Incorporated or Qualified: 01/06/1981

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2029290 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 2565 S. W. 27 Ave.	26 Suite, Apt. #, etc.: 2565 S. W. 27 Ave.
22	27
23 City & State: MIAMI, FLORIDA	28 City & State: Miami, Florida
24 Zip: 33133 25 Country: USA	29 Zip: 33133 30 Country:

9. Name and Address of Current Registered Agent

HALL, JOAN
1550 SW 1ST ST
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name: JOAN HALL
82 Street Address (P.O. Box Number is Not Acceptable): 2565 S. W. 27 Ave.
83
84 City: Miami FL 85 Zip Code: 33133

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: Joan Hall — DATE: 4-11-96
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HALL, JOAN		1.2 NAME	
STREET ADDRESS	221 ALEDO AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HALL, KIMBERLEY S.		2.2 NAME	
STREET ADDRESS	65 WASHINGTON AVE. UNIT 22		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Joan Hall — 4-11-96 — 305-854-5558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #