

**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 APR -3 PM 4:32

DOCUMENT # **F12064** (4)

1. Corporation Name  
**TRAVEL REPRESENTATION ABROAD CORPORATION**

Principal Place of Business  
**1550 MADRUGAL AVE STE 225  
MIAMI FL 33146-0017**

Mailing Address  
**1550 MADRUGAL AVE STE 225  
MIAMI FL 33146-0017**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**12/12/1980**

3a. Date of Last Report  
**04/18/1994**

4. FEI Number  
**59-2137690**

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  
21 **1550 MADRUGA AVE**  
Suite, Apt. #, etc.  
22 **STE 225**  
City & State  
23 **COBT 64613, FLA**  
Zip Country  
24 **33146 USA**

2a. Mailing Address  
26 **1550 MADRUGA AVE**  
Suite, Apt. #, etc.  
27 **STE 225**  
City & State  
28 **COBT 64613, FLA**  
Zip Country  
29 **33146** 30 **USA**

9. Name and Address of Current Registered Agent

**CHOMAT, ARMANDO  
1550 MADRUGA AVE  
SUITE 225  
MIAMI FL 33146**

10. Name and Address of New Registered Agent

81 Name **CHOMAT ARMANDO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1550 MADRUGA AVE**  
83 **STE 225**  
84 City **COBT 64613 FLA FL** 85 Zip Code **33146**

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 officer 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 individual or certified name of registered agent and the filer, applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHOMAT, ARMANDO</b>	1.2 NAME	
STREET ADDRESS	<b>1550 MADRUGA AVE STE 225</b>	1.3 STREET ADDRESS	
CITY ST ZIP	<b>MIAMI FL</b>	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 110.07(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, on an attachment with an address.

SIGNATURE: **ARMANDO CHOMAT** **APRIL 21/95 (705) 663-0126**

SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)