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 # **F19229** **(6)**

1. Corporation Name
SABRE SERVICE CORPORATION

Principal Place of Business	Mailing Address
1100 LEE WAGENER BLVD. SUITE 300 FT. LAUDERDALE FL 33315 US	1100 LEE WAGENER BLVD. SUITE 300 FT. LAUDERDALE FL 33315 US

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 02/11/1981
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-2068542 — 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

O'REILLY, CHRISTINE M.
19195 MYSTIC POINTE DR., APT. 2710
MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3300 N.E. 191 ST. STREET, APT 1718
83
84 City MIAMI FL 85 Zip Code 33180

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 C. M. O'Reilly CHRISTINE M. O'REILLY. 1 FEB 96 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E034 (12/95)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	CORIAT, CHRISTOPHER A.		1.2 NAME	
STREET ADDRESS	GRAND TURK		1.3 STREET ADDRESS	BRISTOL HOUSE, PROVIDENCIALES
CITY-ST-ZIP	BRISTISH WEST INDIES		1.4 CITY-ST-ZIP	BRITISH WEST INDIES
TITLE	PSD	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	O'REILLY, CHRISTINE M.		2.2 NAME	
STREET ADDRESS	19195 MYSTIC POINTE DR		2.3 STREET ADDRESS	3300 N.E. 191 STREET, APT 1718
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL. 33180
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	

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: C. M. O'Reilly CHRISTINE M. O'REILLY 1 FEB 96 305 935 2704

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