SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)							
PROFIT FLORIDA				DA DEPARTMENT OF STATE			
1	RPORATION (F)	AL S	Sandra				
1996 Secretary of State Olivision of Corporat							
DOOLINGALT (I						-	
1. Corporation	MENI# F5805	2	(4)				
GLOB	AL TRAVEL, INC.						
Principal Plac	ce of Business	Ma	ling Address				01 01611 01811 01911 01811 01811 01811 1661
% MICHAEL E. OESTERLE % MICHAEL E. OESTERLE 5965 SW 8TH ST 5965 SW 8TH ST							
5965 SW 8TH ST 5965 SW 8TH ST MIAMI FL 33144 MIAMI FL 33144						Date Incorporated or Qualified	3a. Date of Last Report
Principal F	Piace of Business		Markey		***	12/10/1981	05/01/1995
2. Principal F	riace of business	2a. 26	Mailing Address			4. FE! Number 59-2159165	Applied For Not Applicable
Suite, Apt	#, etc	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & Stat	le	27	City & State			6. Election Campaign Financing	Fee Required \$5.00 May Be
23 Zip	Country		Z(p Country		ountry	Trust Fund Contribution	Added to Fees
24	25	29		30		8. This corporation has liability for i	Yes 【 No
	9. Name and Address of Curre	nt Regist	ered Agent		81 Name	10. Name and Address of New Re	gistered Agent
OESTERLE, MICHAEL E 5965 SW 8TH ST				82 Street Addr	ress (P.O. Box Number is Not Acceptable	(e)	
M			83				
					84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab					though payord games	oration enhante this platomost for the au-	PL
office or r agent 1 a	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida ations of	Such change was a Section 607 0505, Fic	uthorize orida Sta	d by the corporation	on allow submissivities that the pulper should be directors. Thereby accept	the appointment as registered
SIGNATURE	Signature type flor prived nanie of regularized by				eo Agent signature requie		(JAI)
12.	OFFICERS AN		IORS	13	·	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	SD Oesterle, Michael e		DELETE		TITLE NAME		Change Addition 8
STREET ADDRESS	5965 SW 8TH STREET				STREET ADORESS		ERS AND DIRECTORS IN 12 (86) Change Addit on 820 28
CITY-ST-ZIP TITLE	MIAMI FL PD		DELETE		CITY-ST-ZIP TITLE	<u> </u>	Change Addition
NAME	OESTERLE, CLARA R.				NAME		
STREET ADDRESS CITY-ST-ZIP	5965 SW 8TH STREET MIAMI FL				STREET ADDRESS CITY - ST - 24P		
TITLE	VD		DELETE		TITLE		Change Addition
NAME STREET ADDRESS	STORKENSEN, ROBIN E 5965 SW 8TH STREET				NAME STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		- Bours	3 4	City-St-7IP		***************************************
TITLE NAME	† TD Oesterle, ralph e		DELETE		NAME		Change Addition
STREET ADDRESS	5965 SW 8TH STREET				STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL		DELETE		C-TY - ST - ZIP		Change Addition:
NAME			<u> </u>		NAME		
STREET ADDRESS CITY - ST - Z:P				- 1	STREET ADDRESS		
TITLE			DELETE	_	THLE		Change Addition
NAME STREET ADDRESS					NAME STREET ADDRESS		
CITY-ST-ZIP				640	CHY ST-ZP		
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)(k). Florida S 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 made under path, that I am an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida S							have the come toget offect as if
that my n	ame appears in Block 12 & Block 13	change	d er on a Kaltachmer	typhiar	rusteo empowered Laddress	to execute this report as required by C 1996	napier 617, Florida Statutes, and
SIGNATURE: SIGNATURE AND Y PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (-5-76 (365) 264-1776							
	7			J., DIALU		E> 4781	Lody (for Effective #