## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

UNIQUE	TRAVEL, INC.				
Principal Place	of Business	Mailing Address		I INDERINDE TITO (ANTON TALLO TIPOGO ÉTRAS DISTA (	YTBAN <b>ave</b> at bible bible bible bible ovoly sool
2901 S.W. B ST.		2901 S.W. 8 ST.		•	
SUITE 201		SUITE 201 MIAMI FL 33135-2850		ļ	
MIAMI FL 3313	5	MIRMI PL 33133-2830		3. Date Incorporated or Qualified	3a. Date of Last Report
				08/04/1982	02/05/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2222043	Not Applicable
l bute, adi.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Z <sub>(P</sub>	Country	<b>28</b>	Country	Trust Fund Contribution  8. This corporation has liability for in	
24	25	<b>⊢</b>	30		Yes No
	9. Name and Address of Current	A	<u></u>	10. Name and Address of New Reg	Jistered Agent
MEC	DEROS, YOLANDA		81 Name		
2901 S.W. 8TH STREET, STE 201 82 Street Address				ress (P.O. Box Number is Not Acceptable	(A)
MIAMI FL 33135					
			83		ļ
			84 City		85 Zip Code
					FL
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	MEDEROS, YOLANDA		1.2 NAME		
STREET ADDRESS	9872 N.W. 52 TERRACE		1.3 STREET ADDRESS		į
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY-ST-ZIP		
TITLE	SITID	[] DELETE	2.1 TITLE		Change Addition
NAME	ALEXIMORA RODI		2.2 NAME		ļ
STREET ADDRESS	9872 NW 52 TE MIAMI FZ 33	nn	2.3 STREET ADORESS	· -	
CITY-ST-ZIP TITLE	MIAMI 12 33	1 7 4	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		المناه المنا	32 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 ADORESS		
CITY-SI-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS	li		6.3 STREET ADDRESS		'
CITY-ST-ZIP		the strip diline of the strip to	6.4 CITY-ST-ZIP	d in Caston 140 07/049 Flands Co.	t Europe contife that the
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					