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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000608 (7)

FILED May 08 1997 8:00am Secretary of State

STA TRAVEL, INC. Principal Place of Business S900 WILSHIRE BLVD #2110 LOS ANGELES CA 90036 Mailing Address 5900 WILSHIRE BLVD #2110 LOS ANGELES CA 90036-5021								
					3. Date Incorporated or Qualific	ed 3a. D	ate of Last	Report
2. Princinal I	Place of Business	2a. Mailing Address			02/06/1996 4. FEI Number			Applied For
1		26			94-2751323		F	Not Applicable
Suite, Apt.	. #, etc	Suite, Apt. #, etc.	,,		5. Certificate of Status Desired			Additional Required
[2] City & Sta	ıj6	City & State	<u>.</u>		6. Election Campaign Financing			May Be
		28			Trust Fund Contribution		Adde	d to Fees
Zip L	Country	Z-p	Coun	try	8. This corporation has liability			r s. 199.032,
	25	[29]	30		Florida Statutes 10. Name and Address of New	Yes		
	9. Name and Address of Curre	ur vaðistelen Aðeur		11 Name	TU. Name and Address of New	Legistered	Mann	
	CORPORATION SYSTEM							
	DO SOUTH PINE ISLAND ROAD		6	Street A	Address (P.O. Box Number is Not Acce	ptable)		
PU	ANTATION FL 33324		ē	13				
			L					
			8	City		FL	85 Zi	p Code
agent. 17			Florida Statut	loc	,			-
GNATURE	Signature, typing or printed rian e of registered ag	gent and little if applicable. (N ND DIRECTORS			corporation submits this statement for to condion's board of directors. I hereby at required when reinstating) ADDITIONS/CHANGES TO O	DATE	D DIRECTO	ORS IN 12
SIGNATURE 2.	Signature, Typing or printed rian e of registered as OFFICERS AF	gent and little if applicable. (N	OTE Registered	Agent signature	required when reinstating)	DATE	<u> </u>	ORS IN 12
ignature 2. Ili	Signature, Typing or printed rian e of registered as OFFICERS AF	gent and title if applicable. (N ND DIRECTORS DELETE	OTE Registered A 13. 1.1 TITU 1.2 NAM	Agent signature E	required when reinstating)	DATE	D DIRECTO	ORS IN 12
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4. I do hereby certify that the information supplied with this filing does not quality 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.

SIGNATURE

IN ORE AND TYPED OR PROJECT NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

213-937-1150

Daytime Phone #