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FILED

Jan 17 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003677 (9)

1. Corporation Name

TRAVEL SYSTEMS ABROAD, INC.



Principal Place of Business

**MIAMI BEACH OCEAN RESORT
3025 COLLINS AVENUE
MIAMI BEACH FL 33140**

Mailing Address

**MIAMI BEACH OCEAN RESORT
3025 COLLINS AVENUE
MIAMI BEACH FL 33140-4106**

3. Date Incorporated or Qualified

07/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 **1680 MICHIGAN AVE.**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

22 **SUITE #804**

Suite, Apt. #, etc.

27

City & State

23 **MIAMI BEACH FL.**

City & State

28

Zip

24 **33139**

Country

25 **U.S.A.**

Zip

29

Country

30

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

**RICKERS, JOERG
3025 COLLINS AVENUE
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**1680 MICHIGAN AVENUE
SUITE #804**

83

84 City

MIAMI BEACH

FL

85 Zip Code

33139

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 DIRECTORS

TITLE **P** ☐ DELETE

NAME **COTTAM, JAMES J**
STREET ADDRESS **1746 E. JEANINE DRIVE**
CITY - ST - ZIP **TEMPE AZ 85284**

TITLE **S** ☐ DELETE

NAME **COTTAM, CAROL**
STREET ADDRESS **1746 E. JEANINE DRIVE**
CITY - ST - ZIP **TEMPE AZ 85284**

TITLE **V** ☐ DELETE

NAME **KRAUSE, HANS**
STREET ADDRESS **IM SONNENPUTZ 19, 53129 BONN**
CITY - ST - ZIP **GERMANY**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

SIGNATURE: +

JOERG RICKERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/08/97 (305) 598-6080

CR2E034 (9/96)