SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 24, 1999 8:00 am
Secretary of State
08-24-1999 90006 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000004343**

1. Corporation Name
TRAVEL PLAN USA INC.

Principal Place of Business	Mailing Address
500 5TH AVE., 11TH FL NEW YORK NY 10110	500 5TH AVE., 11TH FL NEW YORK NY 10110

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1001 Avenue of the Americas	2a. Mailing Address 26 SAME	3. Date Incorporated or Qualified 07/30/1998	
Suite, Apt. #, etc. 22 8TH Floor	Suite, Apt. #, etc. 27	4. FEI Number 13-3891523	☐ Applied For ☐ Not Applicable
City & State 23 NEW YORK NY	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 10018 / 25 USA	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	ARINO, GERARDO		1.2 NAME	
STREET ADDRESS	~~500 5TH AVE., 11TH FL~~		1.3 STREET ADDRESS	1001 Ave of the Americas
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	New York NY 10018
TITLE	STD	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	VAQUER, ANTONIO		2.2 NAME	
STREET ADDRESS	~~500 5TH AVE., 11TH FL~~		2.3 STREET ADDRESS	1001 Ave of the Americas
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	New York NY 10018
TITLE	PCD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CALDEIRO, ANTONIO		3.2 NAME	
STREET ADDRESS	PLAZA DE ESPANA 18 - PLANTA 2, OF, DCHA		3.3 STREET ADDRESS	
CITY-ST-ZIP	TORRE DE MADRID 28008 MADRID		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	

CR2E034 (5/99)

14. I 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: Antonio Vaquer SIGNATURE REQUIRED Antonio Vaquer 7/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Travelplán
1001 Sixth Avenue. 8th Floor, New York, N. Y. 10018
Tel (212) 944-4919 - Fax (212) 921-1648

AUGUST 17, 1999

FLORIDA Dept of State
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

F99800000243
609065-90006-32

DEAR SIR: RE: LETTER # 399 A000 39560

IN REPLY TO YOUR LETTER OF AUGUST 4, 1999, WE ARE RESUBMITTING OUR ANNUAL REPORT WITH THE CHECK FOR $150 WITH A WRITTEN EXPLANATION MADE BY THE CORPORATION FOR LATE FILING. INASMUCH AS THE FORM WAS NOT RECEIVED UNTIL AFTER JULY 9, 1999, AS IS EVIDENCED BY THE POSTAL NOTICE DATED JULY 9, (ON THE FACE OF THE ENVELOPE), REROUTING THE FORM FROM OUR OLD ADDRESS TO OUR NEW ADDRESS, WE ASK THAT YOU WAIVE THE LATE FEE.

UNDER NORMAL CONDITIONS, THE POSTAL AUTHORITIES, WOULD REROUTE THE LETTER ALMOST INSTANTLY. AS YOU CAN SEE, THIS WAS AN EXCEPTION. THANK YOU FOR YOUR THOUGHFUL CONSIDERATION.

VERY TRULY YOURS

ANTONIO VAQUER, Secy.

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
84321

F98000004343

TO: 0116160 AF **AUTO T5 5 1297 10110-000299

TRAVEL PLAN USA INC.
500 5TH AVE., 11TH FL
NEW YORK NY 10110-0002

TRAV500* 101103032 1798 16 07/09/99
NOTIFY SENDER OF NEW ADDRESS
:TRAVELPLAN
1001 AVENUE OF THE AMERICAS FL 8
NEW YORK NY 10018-5411

Date of Postal Notice 7/9/99

F98000004343
600005-90000-32