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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # G19195

(8)

ELAN TRAVEL, INC.

## FILED May 16 1997 8:00am Secretary of State



|   | e of Business   | Mailing Address  |  |  | i fabilit annt tible inter tible inter bier andet bibli dinter unter bibli annt          |               |                      |                                     |
|---|---|--|--|--|--|---------------|----------------------|-------------------------------------|
| 8290 SUNSET DRIVE STE 200<br>SOUTH MIAMI FL 33143   |   | 6280 SUNSET DRIVE STE 200<br>SOUTH MIAMI FL 33143-4873 |  |  |  |               |                      |                                     |
|   |   |  |  |  | 3. Date Incorporated or Qualified 01/18/1983   | 3a. Date 05/0 | e of Lasi<br>1/1996  | Report                              |
| 2. Principal Place of Business  |   | 2a. Mailing Address                                    |  |  | 4. FEt Number  |               | - /                  | Applied For                         |
| 21  |   | 26   |  | 59-2247651   |  | i             | Vot Applicable       |                                     |
| Suite, Apt  | #, etc.   | Suite, Apt. #, etc.                                    |  |  | 5. Certificate of Status Desired   |               |                      | Additional<br>Required              |
| City & State  | e   | City & State   |  |  | 6. Election Campaign Financing   |               |                      | D May Be                            |
| 23  |   | 28   |  |  | Trust Fund Contribution  |               |                      | to Fees                             |
| Zip   | Country   | Zip  | Count  | try  | B. This corporation has liability for it   | ntangible ta  |                      |                                     |
| 24  | 25  | 29   | 30   |  | Florida Statutes   |               | No                   |                                     |
|   | 9. Name and Address of Curre  |  | 1  |  | 10. Name and Address of New Reg  | gistered A    | gent                 |                                     |
| MUN   | ACH, SHELDON D.   |  | 8  | Name   |  |               |                      |                                     |
|   | SW 134 DRIVE  |  | -  | 32 Street Add  | dress (P.O. Box Number is Not Acceptab   | le)           |                      |                                     |
|   | AI FL 33158   |  | ľ  | Site of Aut  | press (F.O. Dox Number is Not Acceptab   | ie)           |                      |                                     |
|   |   |  | ε  | 33   |  |               |                      |                                     |
|   |   |  | L.   |  |  |               | 1                    |                                     |
|   |   |  | Įŧ   | City   |  | FL            | 85   Zip             | Code                                |
| 11. Pursuant  | to the provisions of Sections 607.05  | 02 and 607 1508, Florida Sta                           | alutes, the abo  | ove-named cor  | rporation submits this statement for the p   |               | hanging              | its registered                      |
| office or re  | egistered agent, or both, in the State  | to of Florida. Such change wa                          | as authorized  | by the corpora   | rporation submits this statement for the p<br>ation's board of directors. I hereby accep | t the appo    | intment a            | is registered                       |
|   | m rangial with, and accept the obji   | gations of, occion our cooo,                           | r lorioa Statu   | ica.   |  |               |                      |                                     |
| SIGNATURE   | Signature, typod or printed name of registered a  |  |  |  |  |               |                      |                                     |
|   |   | gerring the napreador - u                              | NOTE: Roa stored /   | Adent signature regu   | uired when reinstating)  | DATE          |                      |                                     |
| 12.   |   |  | NOTE: Registered /   | Agent signature requ   | uired when reinstating) ADDITIONS/CHANGES TO OFFIC                                       | ERS AND       | DIRECTO              | DRS IN 12                           |
|   |   | ND DIRECTORS   |  |  | uired whon roinstating)  ADDITIONS/CHANGES TO OFFIC                                      | ERS AND       | DIRECTO              |                                     |
| 12.   | OFFICERS A  | ND DIRECTORS   | 13.  | F  |  | ERS AND       |                      |                                     |
| 12.<br>TITLE<br>NAME  | OFFICERS AI<br>PD<br>MUNACH, SHELDON D.   | ND DIRECTORS   | 13.<br>11 TITL<br>1.2 NAM  | E AE   |  | ERS AND       |                      |                                     |
| 12.<br>TITLE<br>NAME<br>STREET ADDRESS  | PD<br>MUNACH, SHELDON D.<br>6350 SW 134 DR  | ND DIRECTORS   | 13.<br>11 TITE<br>1.2 NAM<br>1.3 STRE  | E ADDRESS  |  | ERS AND       |                      |                                     |
| 12.<br>TITLE<br>NAME  | OFFICERS A<br>PD<br>MUNACH, SHELDON D.<br>6350 SW 134 DR<br>MIAMI FL                                      | ND DIRECTORS   | 13.<br>11 TITE<br>1.2 NAM<br>1.3 STRE  | E<br>ME<br>EET ADDRESS<br>(-ST-ZIP   |  | ERS AND       |                      | Addition                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | PD<br>MUNACH, SHELDON D.<br>6350 SW 134 DR<br>MIAMI FL<br>STD   | ND DIRECTORS   | 13.<br>11 TITU<br>1.2 NAM<br>1.3 STRE<br>1.4 CITY<br>2.1 TITU  | E<br>AE<br>EE1 ADDRESS<br>(-ST-ZIP<br>E  |  | ERS AND       | Change               | Addition                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | PD<br>MUNACH, SHELDON D.<br>6350 SW 134 DR<br>MIAMI FL<br>STD<br>SAKRAIS, LEONARD M.                      | ND DIRECTORS  DELETE  DELETE                           | 13.<br>11 TITE<br>1.2 NAM<br>1.3 STRE<br>1.4 CITY<br>2.1 TITE<br>2.2 NAM   | E AL ADDRESS (-ST-ZIP E  |  | ERS AND       | Change               | Addition                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | OFFICERS AT PD MUNACH, SHELDON D. 6350 SW 134 DR MIAMI FL STD SAKRAIS, LEONARD M. 10655 QUAYBRIDGE CT #C3 | ND DIRECTORS  DELETE  DELETE                           | 13.<br>11 TITU<br>1.2 NAM<br>1.3 STRE<br>1.4 CITY<br>2.1 TITU<br>2.2 NAM<br>2.3 STRE   | E EEL ADDRESS (-ST-ZIP E ME EEL ADDRESS  |  | ERS AND       | Change               | Addition                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>MUNACH, SHELDON D.<br>6350 SW 134 DR<br>MIAMI FL<br>STD<br>SAKRAIS, LEONARD M.                      | ND DIRECTORS  DETETE                                   | 13. 11 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 23 STRI 2.4 CITY  | E ALE EET ADDRESS (*-ST-ZIP) E ALE EET AODRESS (*-ST-ZIP) E ALE EET AODRESS (*-ST-ZIP)   |  | ERS AND       | Change Change        | Addition                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | OFFICERS AT PD MUNACH, SHELDON D. 6350 SW 134 DR MIAMI FL STD SAKRAIS, LEONARD M. 10655 QUAYBRIDGE CT #C3 | ND DIRECTORS  DELETE  DELETE                           | 13. 11 TITL 12 NAM 1.3 STRI 1.4 CHY 2.1 THL 22 NAM 23 STRI 2 4 CHY 3.1 THL   | E ALE EET ADDRESS (-ST-ZIP E ETT ADDRESS Y-ST-ZIP E  |  | ERS AND       | Change               | Addition                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | OFFICERS AT PD MUNACH, SHELDON D. 6350 SW 134 DR MIAMI FL STD SAKRAIS, LEONARD M. 10655 QUAYBRIDGE CT #C3 | ND DIRECTORS  DETETE                                   | 13. 11 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM  | E ALE EET ADDRESS (-ST-ZIP E E T ADDRESS Y-ST-ZIP E ADDRESS E T ADDRESS Y-ST-ZIP E ALE E T ADDRESS Y-ST-ZIP E  |  | ERS AND       | Change Change        | Addition                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | OFFICERS AT PD MUNACH, SHELDON D. 6350 SW 134 DR MIAMI FL STD SAKRAIS, LEONARD M. 10655 QUAYBRIDGE CT #C3 | ND DIRECTORS  DETETE                                   | 13. 11 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 23 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.3 STRI 3.3 STRI 3.3 STRI 3.3 STRI 3.4 CITY 3.4 STRI 3.5 STR | E ALE EET ADDRESS (-ST-ZIP E E E E E E E E E E E E E E E E E E E   |  | ERS AND       | Change Change        | Addition                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AT PD MUNACH, SHELDON D. 6350 SW 134 DR MIAMI FL STD SAKRAIS, LEONARD M. 10655 QUAYBRIDGE CT #C3 | ND DIRECTORS  DELETE  DELETE                           | 13. 11 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 23 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY   | E ALE EET ADDRESS (-ST-ZIP E E E E E E E E E E E E E E E E E E E   |  | ERS AND       | Change Change        | Addition Addition                   |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | OFFICERS AT PD MUNACH, SHELDON D. 6350 SW 134 DR MIAMI FL STD SAKRAIS, LEONARD M. 10655 QUAYBRIDGE CT #C3 | ND DIRECTORS  DETETE                                   | 13. 11 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI  | E ALE EET ADDRESS (*-ST-ZIP E E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E   |  | ERS AND       | Change Change        | Addition Addition                   |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | OFFICERS AT PD MUNACH, SHELDON D. 6350 SW 134 DR MIAMI FL STD SAKRAIS, LEONARD M. 10655 QUAYBRIDGE CT #C3 | ND DIRECTORS  DELETE  DELETE                           | 13. 11 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 3.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 4.1 TITL 4.2 NAM  | E ALE LADDRESS (ST-ZIP E ALE LADDRESS Y-ST-ZIP E ALE LADDRESS Y-ST-ZIP E ALE LADDRESS Y-ST-ZIP E ALE LADDRESS ALE LADDRE   |  | ERS AND       | Change Change        | Addition Addition                   |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS   | OFFICERS AT PD MUNACH, SHELDON D. 6350 SW 134 DR MIAMI FL STD SAKRAIS, LEONARD M. 10655 QUAYBRIDGE CT #C3 | ND DIRECTORS  DELETE  DELETE                           | 13. 11 TITL 12 NAM 13 STRI 14 CITY 21 TITL 22 NAM 23 STRI 34 CITY 41 TITL 42 NAM 43 STRI 43 STRI 43 STRI 43 STRI 43 STRI 44 STRI 44 STRI 45 STRI 45 STRI 45 STRI 45 STRI 46 STRI 46 STRI 47 STRI 47 STRI 48 ST | E AL ADDRESS (ST-ZIP E AL ADDRESS Y-ST-ZIP E AL ADDRESS Y-ST-ZIP E AL ADDRESS Y-ST-ZIP E AL ADDRESS AL ADDRE   |  | ERS AND       | Change Change        | Addition Addition                   |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AT PD MUNACH, SHELDON D. 6350 SW 134 DR MIAMI FL STD SAKRAIS, LEONARD M. 10655 QUAYBRIDGE CT #C3 | ND DIRECTORS  DELETE  DELETE  DELETE                   | 13. 11 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 23 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 4.4 DITY  | E ALE LADDRESS (ST-ZIP E EEL ADDRESS Y-ST-ZIP E MILE EEL ADDRESS Y-ST-ZIP  |  | ERS AND       | Change Change Change | Addition Addition Addition          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | OFFICERS AT PD MUNACH, SHELDON D. 6350 SW 134 DR MIAMI FL STD SAKRAIS, LEONARD M. 10655 QUAYBRIDGE CT #C3 | ND DIRECTORS  DELETE  DELETE                           | 13. 11 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 3.2 NAM 3.3 STRI 4.1 TITL 4 2 NAM 4 3 STRI 4.4 CITY 5.1 TITL 5.1 TI | E AL ADDRESS (ST-ZIP E AL ADDRESS Y-ST-ZIP E   |  | ERS AND       | Change Change        | Addition Addition Addition          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | OFFICERS AT PD MUNACH, SHELDON D. 6350 SW 134 DR MIAMI FL STD SAKRAIS, LEONARD M. 10655 QUAYBRIDGE CT #C3 | ND DIRECTORS  DELETE  DELETE  DELETE                   | 13. 11 TITL 12 NAM 13 STRI 14 CITY 21 TITLE 22 NAM 23 STRI 24 CITY 31 TITLE 42 NAM 43 ETRI 44 DITY 51 TITLE 52 NAM   | E AL ADDRESS (-ST-ZIP E AL ADDRESS Y-ST-ZIP E AL ADDRESS (-ST-ZIP E AL ADDRESS Y-ST-ZIP E AL ADDRESS Y-ST-ZIP E AL ADDRESS AL ADDRES |  | ERS AND       | Change Change Change | Addition Addition Addition          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | OFFICERS AT PD MUNACH, SHELDON D. 6350 SW 134 DR MIAMI FL STD SAKRAIS, LEONARD M. 10655 QUAYBRIDGE CT #C3 | ND DIRECTORS  DELETE  DELETE  DELETE                   | 13. 11 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 23 STRI 2.4 CITY 3.1 TITL 32 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 4.4 DITY 5.1 TITL 5.2 NAM 5.3 STRI  | E ALE EEL ADDRESS (*-ST-ZIP) E E EEL ADDRESS (*-ST-ZIP) E E EEL ADDRESS (*-ST-ZIP) E E E E E E E E E E E E E E E E E E E  |  | ERS AND       | Change Change Change | Addition Addition Addition          |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AT PD MUNACH, SHELDON D. 6350 SW 134 DR MIAMI FL STD SAKRAIS, LEONARD M. 10655 QUAYBRIDGE CT #C3 | DELETE  DELETE  DELETE  DELETE                         | 13. 11 TITL 12 NAM 13 STRI 14 CITY 21 TITL 22 NAM 23 STRI 34 CITY 41 TITL 42 NAM 43 ETRI 44 DITY 51 TITL 52 NAM 53 STRI 54 CITY 53 STRI 54 CITY 53 STRI 54 CITY 55 STRI 55 STRI 56 STRI 57 STRI 58 STR | E AL ADDRESS (-ST-ZIP) E ET ADDRESS SY-ST-ZIP E E E E E E E E E E E E E E E E E E E  |  | ERS AND       | Change Change Change | Addition Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                            | OFFICERS AT PD MUNACH, SHELDON D. 6350 SW 134 DR MIAMI FL STD SAKRAIS, LEONARD M. 10655 QUAYBRIDGE CT #C3 | ND DIRECTORS  DELETE  DELETE  DELETE                   | 13. 11 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.1 TITL 6.2 NAM 6.3 STRI 6.3 TITL 6.4 TITL 6.5 TITL 6.5 TITL 6.7 TITL | E ME EET ADDRESS (-ST-ZIP EET ADDRESS Y-ST-ZIP E ME FET ADDRESS Y-ST-ZIP E MI LEET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E   |  | ERS AND       | Change Change Change | Addition Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                            | OFFICERS AT PD MUNACH, SHELDON D. 6350 SW 134 DR MIAMI FL STD SAKRAIS, LEONARD M. 10655 QUAYBRIDGE CT #C3 | DELETE  DELETE  DELETE  DELETE                         | 13. 11 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 4.4 DITY 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM   | E ME  EET ADDRESS  (-ST-ZIP  EET ADDRESS  Y-ST-ZIP  E  ME  FET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  (-ST-ZIP  E  EET ADDRESS  -ST-ZIP  E  EET ADDRESS  -ST-ZIP  E  EET ADDRESS  -ST-ZIP  E  EET ADDRESS  |  | ERS AND       | Change Change Change | Addition Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                            | OFFICERS AT PD MUNACH, SHELDON D. 6350 SW 134 DR MIAMI FL STD SAKRAIS, LEONARD M. 10655 QUAYBRIDGE CT #C3 | DELETE  DELETE  DELETE  DELETE                         | 13. 11 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 4.4 DITY 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM   | E ME EET ADDRESS (-ST-ZIP EET ADDRESS Y-ST-ZIP E ME FET ADDRESS Y-ST-ZIP E MI LEET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E   |  | ERS AND       | Change Change Change | Addition Addition Addition Addition |

information indicated on this annual report or supplied with this time does not goaling to the exemption stated in Section 119:07(3)(i), Florida Statutes. 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 eath, that I am an officer or directly of the proporation 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

held Much

29/97 1061200