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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Socretary of State 97 JUL - 1 PM 3:58 DIVISION OF CORPORATIONS 1997 SECKETARY OF STATE TALLAHASSEE FLORIDA DOCUMENT # G37649 (2)WORLD WIDE (DISCOUNT) TRAVEL, INC. Principal Place of Business Mailing Address 13033 1/2 S.W. 112TH ST. 13033 1/2 S.W. 112TH ST. MIAMI FL 33186 MIAMI FL 33186-4601 HS US 3a. Date of Last Report 3. Date Incorporated or Qualified 05/10/1983 05/21/1996 2. Principal Place of Business 2a. Mailing Address FET Number Applied For 21 26 59-2291581 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Bo 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199,032 Yes 🔲 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOLDER, ANN MARY 13033 1/2 SW 112TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 City Zip Code 85 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition TITLE ☐ DELETE 1.1 THLE NAME HOLDER, ANN MARY 1.2 NAME 130333 1/2 SW 112TH ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CH1Y - \$1 - Z(P DELETE TITLE 0102222 -07/03/97--****165.00 2.1 TO UE NAME 2.2 NAMI ****165, UU STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY- \$1 - 7IP CITY-ST-7/P TITLE DELETE 4.1 THEF Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 511006 NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$ 5 4 Drty-St-21P DELETE Change ___ Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY-S1-7IP 14. I do hereby certify that the information supplied with this filling 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 of Lam an officer or director of the corporation or the receiver or trustice 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 or an appear with an address.