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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **G59868** 1. Corporation Name

# **FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90067 009 \*\*\*150.00

CLASS 1	TRAVEL, INC.						
Principal Plac	e of Business	Mailing Address				i nigit bibil bibit bil	ii oloh lool
2918 PONCE DE LEON BLVD. 2918 PONCE DE LEON BLVD							
CORAL GABLES FL 33134 CORAL GABLES FL 33134					·		
55.00 G. 10.00 F. 10.					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					09/16/1983		
Principal Place of Business 2a. Mailing Address					4. FEI Number	App	lied For
21 26					59-2319716	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Ad	dditional
22 27					3. Certificate of Status Desired	" Fee Req	uired
City & State City & State					6. Election Campaign Financing	\$5.00 M	/lay Be
23		28			Trust Fund Contribution	. Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year I		_
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent	
- FDE	DMAN DOREDT I		81	Name	·		
FREIDMAN, ROBERT J.			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	. 😴	
2101 E. HALLANDALE BEACH BLVD.					,	<u></u>	
HAL	LANDALE FL 33009		83		•		
			84	City	,	. 85 Zip Co	ode
				•	· F	LII	ł
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050, egistered agent, or both, in the State m familiar with, and accept the obligations.	2 and 607.1508, Florida Statutes of Florida. Such change was aut tions of, Section 607.0505, Florid	s, the above thorized by da Statutes	e-named co the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its re ointment as regi	egistered istered
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable (NOTE: F	Pagisterad Ager	t eignature regu	uired when reinstating) DATE	•	
12.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	13.	a digitatara raqu	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE			☐ Change	. Addition
NAME	PAL, INES		1.2 NAME			-	
STREET ADDRESS	2101 E.HALLANDALE BCH.BL		1.3 STREET	ADORESS			
	HALLANDALE FL		1.4 CITY-S				
CITY-ST-ZIP TITLE			2.1 TITLE	-21		Change	[ ] Addition
NAME	Freidman, Robert J.	<u> </u>	2.2 NAME				
. =	2101 E.HALLANDALE BCH.BL			ADDDCCC			
STREET ADDRESS	HALLANDALE FL.		2.3 STREET		•		,
CITY-ST-ZIP	HALLANDALE FL	□ DELETE	2. 4 CITY-S 3.1 TITLE	1-ZIP		Change	Addition
,		El perere		ľ		El change	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S	T-ZIP		Change	Addition
TITLE		(") pereie	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET			**	
CITY-ST-ZIP			4.4 CITY-S	r-ZIP			
TITLE		☐ DÉLETE	5.1 TITLE		,	☐ Change	☐ Addition
NAME			5.2 NAME	1000000			{
STREET ADDRESS			5.3 STREET	ţ		•	
CITY-ST-ZIP			5.4 CITY-S	- ZIP	·····		
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				ł
STREET ADDRESS			6.3 STREET				
CITY OT ZID			6.4 CITY-ST	-7IP			

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 of 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, with all other like empowered.

**SIGNATURE:** 

Ines Pal President

02/01/99 305-444-2000