FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10:54

DOCUMENT # G66842 (7)

1. Corporation Name
SUMMIT TRAVEL OF KENDALL, INC.

Principal Place of Business	Mailing Address
11400 N KENDALL DR. #A103 11400 NORTH KENDALL DRIVE, SUITE A-103 MIAMI FL 33176	11400 N KENDALL DR. #A103 11400 NORTH KENDALL DRIVE, SUITE A-103 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1983
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 9200 S. DADELAND BLVD.	26 9200 S. DADELAND BLVD.
Suite, Apt. #, etc. 22 SUITE 220	Suite, Apt. #, etc. 27 SUITE 220
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip / Country 24 33156 / 25 USA	Zip / Country 29 33156 / 30 USA

4. FEI Number: 59-2366593 ☐ Applied For ☐ Not Applicable

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

HARE, ROBERT
11400 N KENDALL DR. #A103
SUITE A-103
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: HARE, ROBERT
82 Street Address (P.O. Box Number is Not Acceptable): 9200 S. DADELAND BLVD.
83: SUITE 220
84 City: MIAMI FL 85 Zip Code: 33156

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	XX Change ☐ Addition
NAME	HARE, ROBERT W.	1.2 NAME	HARE, ROBERT W.	
STREET ADDRESS	11400 N KENDALL DR.	1.3 STREET ADDRESS	9200 S.DADELAND BLVD. SUITE 220	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33156	
TITLE	V	2.1 TITLE	VS	XX Change ☐ Addition
NAME	HARE, LILLY N	2.2 NAME	HARE, LILLY N	
STREET ADDRESS	11400 NORTH KENDALL DR.	2.3 STREET ADDRESS	9200 S.DADELAND BLVD. SUITE 220	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33156	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] ROBERT W. HARE JANUARY 12, 1995 (305)670-6225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0193870 CP