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

FILED **PROFIT** Apr 14 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Socretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)G67528 TIC TAC TRAVEL, INC. Mailing Address Principal Place of Business 481 E. COMMERCIAL BLVD. 481 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/03/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2351956 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Added to Fees 23 Trust Fund Contribution 28 Country Zip Country 8. This corporation owes or has paid the current year intangible 🗷 Yes Personal Property Tax due June 30 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VIEIRA, MANUEL F. 3010 NE 16 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **APT 401** 83 OAKLAND PARK FL 33334 City 84 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 (NO)E Registered Agent signature required when reinstating) Signature, typed or printed name of representation at and for at applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPS Addition 🔲 DELETE ☐ Change TITLE 1.1 DILE vieira, manuel f. NAME 1.2 NAME 3010 NE 16 AVE APT 401 STREET ADDRESS 1.3 STHEET ADDRESS **OAKLAND PARK FL** 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 11ILE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CHTY-S1-7IP CITY-ST-ZIP DELETE ☐ Change Addition 3 1 11TLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 4.1 DILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY- \$1 - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 51 THLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP:

uplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information formental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an≰iddress nalnelad 954-221-2591

6 3 STREET ADDRESS

61100

Change

Addition

i deleti

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information sylindicated on this annual report or subject