

FILE NOW: FILING FEE AFTER MAY 1

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FILED  
May 28 1997 8:00am  
Secretary of State

|   |   |  |       |
|---|---|--|-------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEP.<br><b>Sandra B. ...</b><br>Secretary of State<br>DIVISION OF CORPORATIONS | STATE |
|---|---|--|-------|

**DOCUMENT #**

1. Corporation Name

TRAVEL SUS, INC.  
D.B.A. HATA USA

CHARTER #  
670980

Principal Place of Business

Mailing Address

811 HAMMOCKWOOD COURT #1  
SARASOTA, FL 34232

3. Date Incorporated or Qualified

11/15/83

3a. Date of Last Report

5/20/96

2. Principal Place of Business

21 811 HAMMOCKWOOD CRT

2a. Mailing Address

26 811 HAMMOCKWOOD CRT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1

27 1

City & State

City & State

23 SARASOTA, FL

28 FL

Zip

Country

24 34232

25 SARASOTA

Zip

Country

29 34232

30 SARASOTA

4. FEI Number

59-2330652

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

William E. Goldberger  
811 HAMMOCKWOOD CRT.  
SARASOTA, FL 34232

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PRESIDENT**

STREET ADDRESS **WILLIAM E. GOLDBERGER**

CITY-ST-ZIP **811 HAMMOCKWOOD CRT**

**SARASOTA, FL 34232**

TITLE ☐ DELETE

NAME **VP**

STREET ADDRESS **CARMEN GOLDBERGER**

CITY-ST-ZIP **811 HAMMOCKWOOD CRT.**

**SARASOTA, FL 34232**

TITLE ☐ DELETE

NAME **VP**

STREET ADDRESS **SARAH GOLDBERGER**

CITY-ST-ZIP **811 HAMMOCKWOOD CRT**

**SARASOTA, FL 34232**

TITLE ☐ DELETE

NAME **VP**

STREET ADDRESS **ROBERT GOLDBERGER**

CITY-ST-ZIP **19343 NW 11th ST**

**PEMBROKE PINES, FL 33029**

TITLE ☐ DELETE

NAME **VP**

STREET ADDRESS **DIANE STIEFEL**

CITY-ST-ZIP **1650, 162ND ST.**

**MIAMI, FL 33017**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

200002203612

-06/06/97-01003-015

\*\*\*165.00

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/97 (941) 379-8031  
Date Daytime Phone #

CR2E034 (9/96)