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

PROFIT **CORPORATION** ANNUAL REPORT

1997

TRAVALCO USA, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H58717

(0)

FILED											
Mar	17	1997	8:00am								
Sec	cret	tary o	f State								



Principal Place of Business Mailing Address					U rbii Wiyii Bibi		A1811 1841	
12000 BISCAYI	NE BLVD.	12000 BISCAYNE BLV	/D.					
SUITE 600 No. Miami Fl	90161	SUITE 600 NO, MIAMI FL 33181-	2703					
MY WINN FL	20101	110, MIAMI FE 031015	2107		3. Date Incorporated or Qualified	3a. Date	of Last R	eport
j					05/24/1985		/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	•	Ap	plied For
21		26			59-2530471			t Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional
22		27			Of Commontor of Contract Debutes		Fee Re	
City & State	9	City & State			6. Election Campaign Financing		\$5.00	
23		28	Country		Trust Fund Contribution	<u> </u>	Added t	
Zip	Country	Zip	h	,	This corporation has liability for in Florida Statutes	ntangible ta: 1 Yes - 🔲		. 199.032,
24	25 9. Name and Address of Curren	29 of Registered Agent	30		10. Name and Address of New Re			
	RIDA CORPORATE SERVICES	it negistered Agent	81	Name				
	BRICKELL PLAZA			ļ				
	SE 8TH ST)		82	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
	MI FL 33131		83	 				
· MIN	MI LF 30101							
			84	City		FL	85 Zip (Code
44 Diwarrant	to the provisions of Socilians 607 000	12 and 607 1508 Florida C	tatutes the above	L	orporation submits this statement for the p		anging it	s registered
office or re	egistered agent, or both, in the State	of Florida, Such change v	was authorized b	y the corpo	oration's board of directors. Thereby accep	of the appoir	tment as	registered
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607.050	5, Florida Statute	S .				
SIGNATURE	Signature, typed or pointed name of registered agr	cell and life of south of to	(NOTE Becoming Ac	ent signature re	equired when reinstating)	DATE		
12,	OFFICERS AN		13.	san ang ratione re	ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12
TITLE	DP OIT IOL NO ZIN	DELETE			DIRETOR, CHAIRMAN		Change	Addition
NAME	VAN BERKEL, MARIA C.		1.2 NAME			-	•	
STREET ADDRESS	7928 WEST DRIVE, #701			1 ADDRESS				
CITY-ST-ZIP	N BAY VILLAGE FL		1.4 CHY-					
TITLE	DV	DILETE		····	DIRETOR, PRESIDE	W [2	Change	Addition
NAME	VAN BERKEL, ANTONIUS PET		2 2 NAME					
STREET ADDRESS	1585 BAY DR			I ADORESS				
	MIAMI BEACH FL		2 4 C/1Y-	ł.				
CITY-ST-ZIP TITLE		DELETE		DI 211			Change	Addition
NAME			3.2 NAME				Ü	
STREET ADDRESS				1 ADDRESS				
•			3.4. CITY					
CITY-ST-ZIP TITLE		DELETE		V1-711		T	Change	Addition
NAME		, , , , , , , , , , , , , , , , , , , ,	4. 2 NAME					
				1 AUDRESS				
STREET ADDRESS			4.4 CITY-					
CITY-ST-ZIP		DELETE		31-71		——— r	Change	Addition
TITLE			5 2 NAME	Ì		L-	······	
NAME				LAGGOTOG				
STREET ADDRESS				I ACIDRESS				
CITY-ST-ZIP		Dura	5.4 CHY-	S1-719			Change	Addition
TITLE		☐ DHETE			ammine 14			FT MODITION
NAME			6.2 NAME		900002 11 -03/18/97011	# 22.40 110011	اميية)	
STREET ADDRESS				1 ADDRESS		16014	-	1
CITY-ST-ZIP			6.4 CITY		***165.00	o I fueber -	netific that	
	by certify that the information supplies	d with this filing does not decorate	qualify for the ex	emption sta urate and t	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same loga	s. I further c Leffect as if	eruty that made un	der of h

I am an officer or director of the control of the piceiver 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 or an attachment with an address.