

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

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Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J02561 (5)

1. Corporation Name  
CRS TRAVEL GROUP, INC.

Principal Place of Business  
801 BRICKELL KEY DR., STE. 501  
MIAMI FL 33131-2651

Mailing Address  
801 BRICKELL KEY DR., STE. 501  
MIAMI FL 33131-2650



3. Date Incorporated or Qualified 03/06/1986  
3a. Date of Last Report 04/10/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2647353	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Country	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
24	25	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

MARTINEZ, JOSE E  
801 BRICKELL KEY DR., STE. 501  
MIAMI FL 33131-2651

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, JOHN C	1.2 NAME	
STREET ADDRESS	9200 S. DADELAND BLVD SUITE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDER, CARLOS	2.2 NAME	
STREET ADDRESS	9200 S DADELAND BLVD SUITE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	AS (Assistant Secy - Dir) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, JEAN M	3.2 NAME	
STREET ADDRESS	9200 S. DADELAND BLVD SUITE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	SECRETARY - TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRISKIE, STANLEY	4.2 NAME	DIRECTOR
STREET ADDRESS	9200 S. DADELAND BLVD SUITE 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is correct on the 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, unchanged, or on an attachment with an address.

SIGNATURE:

PRESIDENT

2/17/97 305-670-3833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)