FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 APR 10 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J02561 (5)

1. Corporation Name
CRS TRAVEL GROUP, INC.

Principal Place of Business	Mailing Address
601 BRICKELL KEY DR., STE. 501 MIAMI FL 33131-2651	601 BRICKELL KEY DR., STE. 501 MIAMI FL 33131-2651

3. Date Incorporated or Qualified: **03/06/1986**
3a. Date of Last Report: **05/24/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2647353** ☐ 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

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

10. Name and Address of New Registered Agent

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 607.1506, 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CURRAN, JOHN C ~~10000 1/2 S.W. 112 AVE.~~ ~~MIAMI FL 33186~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition 9200 So. Dadeland Blvd., Suite 100 Miami, FL 33156
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOLDER, CARLOS ~~10000 1/2 S.W. 112 AVE.~~ ~~MIAMI FL 33186~~	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition 9200 So. Dadeland Blvd., Suite 100 Miami, FL 33156
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CURRAN, JEAN M ~~10000 1/2 S.W. 112 AVE.~~ ~~MIAMI FL 33186~~	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☑ Change ☐ Addition 9200 So. Dadeland Blvd., Suite 100 Miami, FL 33156
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS PRISKIE, STANLEY ~~10000 1/2 S.W. 112 AVE.~~ ~~MIAMI FL 33186~~	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☑ Change ☐ Addition 9200 So. Dadeland Blvd., Suite 100 Miami, FL 33156
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true, 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 added by attachment with an address.

SIGNATURE: President 01 Apr. 96 (305) 670-5551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

613710 CP