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PROFIT CORPORATION ANNUAL REPORT



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

1996 OCUMENT #

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•	PA EXPRESS TRAVEL INC.	Mailing Address						
8390 STATE P.O.BOX 291	RD.84 147 (DAVIE: FL:33329)	8390 STATE RD.84 P.O.BOX 291147 (DAV	8390 STATE RD.84 P.O.BOX 291147 (DAVIE. FL.33329)					
FT. LAUDERI	DALE FL 33324	FT. LAUDERDALE FL	33324		3. Date Incorporated or Qualified 09/17/1986		ate of Last Re 04/11/199	
2. Principal Pk	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			52-1462304			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	2		Additional Required
City & State)	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zφ	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible		
24	25	29	30		I	No 🔀		
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New F	Registere	d Agent	
				81 Name				
	3., RAMON			82 Street Add	ress (P.O. Box Number is Not Acceptate	ole)		
	KEVIEW DR.,#102			B3				
FI. DAU	IDERDALE FL 33326							
				B4 City		F	85 Zr	Code
 Pursuant t 	is the profisions of coolers of icode	and 607. 1506, Florida Statut	es, the abo	ve-named corpo	ration southits this statement for the po			
familiar wit SIGNATURE	th, and accept the obligations of, Sect	lion 607.0505, Florida Statutes	S.		ration submits this statement for the puring of directors. I hereby accept the app	ointment :	as registered	
familiar wit	th, and accept the obligations of, Sect	lion 607.0505, Florida Statutes	S.	ve-named corporation's boat		DATE		
familiar wit SIGNATURE	th, and accept the obligations of, Sect	ion 607.0505, Florida Statutes	S. OTE: Registered	Agent signature require	ed when reinstateig)	DATE		
familiar wit SIGNATURE _ 12.	s gnature, typed or printed name of registered agont OFFICERS AN PD GAYO B., RAMON	ion 607.0505, Florida Statutes and tille if applicable (NC D DIRECTORS	OTE Registered	Agent signature require	ed when reinstateig)	DATE	ND DIRECTO	
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receitly that the information indicated only its annual report or supplier and does not quality for the exemption stated in Section 119.0/(3)(R). Florida Statutes. I further certify that the information indicated only its 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 of 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 it chan ject or on an attachment with an address. PARBIBENT 4/26/96
OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESIBONT