FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 23 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J60785 (9)

1. Corporation Name
ADAM'S TRAVEL AGENCY, INC.

Principal Place of Business	Mailing Address
2466 SHERIDAN STREET HOLLYWOOD FL 33020	2466 SHERIDAN STREET HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/09/1987
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business	2a. Mailing Address
21 321 W. DAVIE BLVD	26 321 W. DAVIE BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FT. LAUDERDALE, FL	City & State 28 FT. LAUDERDALE, FLA
Zip 24 33315 Country 25 U.S.A.	Zip 29 33315 Country 30 U.S.A.

4. FEI Number: 59-2775419 ☐ 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

COLANDO, ADAM
2466 SHERIDAN STREET
HOLLYWOOD 33020

10. Name and Address of New Registered Agent

81 Name: COLANDO, ADAM
82 Street Address (P.O. Box Number Is Not Acceptable)
83: 321 W. DAVIE BLVD.
84 City: FORT LAUDERDALE. 85 FL Zip Code: 33315

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☒ Change ☐ Addition: PST
NAME	COLANDO, ADAM	1.2 NAME	COLANDO ADAM C.
STREET ADDRESS	1120 S.E. 3RD AVE.	1.3 STREET ADDRESS	321 W. DAVIE BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FLA 33315
TITLE	D	2.1 TITLE	☒ Change ☐ Addition: D
NAME	COLANDO, ADAM	2.2 NAME	COLANDO, ADAM
STREET ADDRESS	1120 S.E. 3RD AVE.	2.3 STREET ADDRESS	321 W. DAVIE BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FORT LAUDERDALE, FLA. 33315
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 supplied with this filing is 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 on an attachment with an address.

SIGNATURE: ADAM C. COLANDO 3/20/95 305-523-6200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

000173J2 CP