

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 13 AM 9:47

DOCUMENT # K15257 (4)

1. Corporation Name

CORPORATE INTERNATIONAL TRAVEL, INC.

Principal Place of Business

7901 NW 53RD ST.
MIAMI FL 33168

Mailing Address

7901 NW 53RD ST.
MIAMI FL 33168

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/12/1988** 3a. Date of Last Report **01/28/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
65-0035300

Applied For
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

ZIP

24

Country

25

ZIP

29

Country

30

8. This corporation has liability for interstate tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SHEA, PATRICIA A
7730 SW 137 CT.
MIAMI FL 33183**

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 607.1508, 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

Signature (name or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when registering.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES, OR DELETES TO OFFICERS AND DIRECTORS (If any)

TITLE

P

NAME

SHEA, PATRICIA A

STREET ADDRESS

7730 SW 137 CT.

CITY - ST - ZIP

MIAMI FL

11 TITLE

Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE

M

NAME

BARDONI, MARIA A

STREET ADDRESS

5873 SW 142 AVE.

CITY - ST - ZIP

MIAMI FL

21 TITLE

Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

V

NAME

SCHEMER, PHILLIP W

STREET ADDRESS

5440 SW 153 AVE. RD.

CITY - ST - ZIP

MIAMI FL

31 TITLE

Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

Change Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(3)(k), 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or both on an attachment with no addition.

SIGNATURE:

Signature (name or printed name of signatory officer or director)

Date

Signature (Name)