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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # K16894 (3)
1. Corporation Name
CONTINENTAL TRAVEL OF CORAL GABLES, INC.

Principal Place of Business Mailing Address

**116 ALHAMBRA CIR.
CORAL GABLES FL 33134
US** **116 ALHAMBRA CIR.
CORAL GABLES FL 33134
US**

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Mailing Address		3. (Date of Incorporation or Creation) 03/03/1988	3b. (Date of Last Report) 07/11/1994
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 65-0034784		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. City	29. City	8. This corporation is not a corporation under the laws of Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEVIN, NORMAN M. 2550 DOUGLAS ROAD SUITE #300-A CORAL GABLES FL 33134				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City	85. Zip Code	FL	

11. Pursuant to the provisions of Sections 607.02 and 607.1408, Florida Statutes, the above current 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (Name of Registered Agent or Director) SIGNATURE _____ (Name of Registered Agent or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	P SACHS, SUSAN FIER 1627 BRICKELL AVE. MIAMI FL	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS		13.2 STREET ADDRESS	
12.3 CITY		13.3 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME	ST FIER, IRMA J 4781 BOCAIRE BLVD. BOCA RATON FL	13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS		13.5 STREET ADDRESS	
12.6 CITY		13.6 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME	TD FIER, IRMA J. 116 ALHAMBRA CIR. CORAL GABLES FL	13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY		13.9 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY		13.12 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied to the filing is voluntarily furnished and that it is true and correct, but the information stated in this report is not a guarantee. I further certify that this information is not part of the annual report or supplemental annual report and is a separate statement 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 treasurer or another responsible person who has made this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE: _____ *5/9/95* *305-445-7791*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR