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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K17747

Principal Place of Business	Mailing Address
17850 NE 5TH AVE.	17850 NE 5TH AVE.
NORTH MIAMI BCH FL 33162	NORTH MIAMI BCH FL 33162

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90200 012 ***158.75

HOTELETICKET, INC.				
S. I. I. D. L. C.	Mailing Addroca			
Principal Place of Business	Mailing Address			
17850 NE 5TH AVE. NORTH MIAMI BCH FL 33162	17850 NE 5TH AVE. NORTH MIAMI BCH FL 3316	2		•
			DO NOT WRITE II	N THIS SPACE
			3. Date incorporated or Qualifed	
			03/07/1988	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0061283	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	اس المسال ومشا	_ 5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	City & State	16.7		\$5.00 May Be
City & State			Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip Country	28	Country	8. This corporation owes the current	
24 25	` r	30	Personal Property Tax.	1X Yes □ No
9. Name and Address of C			10. Name and Address of New Regis	stered Agent
<u> </u>		81 Name		
HELMS, L WADE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
C/O HOTELETICKET, INC.		OZ Sileer Add	Tiess (F.O. Box Hullise is Het Heespasse)	
17850 N.E. 5TH AVENUE		83		-
MIAMI FL 33162		84 City		85 Zip Code
		1		FL
11. Pursuant to the provisions of Sections 60	7.0502 and 607.1508, Florida Statute	is, the above-named con	poration submits this statement for the purp tion's board of directors. I hereby accept the	appointment as registered
office or registered agent, or both, in the agent. I am familiar with, and accept the of SIGNATURE	State of Florida. Such change was au obligations of, Section 607.0505, Flori	ithorized by the corporation ida Statutes.	non's board of directors. Thereby accept the	e appointment as registered
office or registered agent, or both, in the agent. I am familiar with, and accept the sSIGNATURE Signature, typed or printed name of register	State of Florida. Such change was au obligations of, Section 607.0505, Flori red agent and title if applicable. (NOTE:	ithorized by the corporat	non's board of directors. Thereby accept the	DATE
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 attachanged in the property of the corporation of the corporation of the receiver or trustee empowered.

SIGNATURE: