SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPAREMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** K24746 (5)APEX TRAVEL, INC. Principal Place of Business Mailing Address 2307 DOUGLAS ROAD SUITE 101 2307 DOUGLAS ROAD SUITE 101 MIAMI FL 33145 MIAMI FL 33145 3. Date Incorporated or Qualified 3a. Date of Last Report 05/23/1988 08/01/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 12000 Biscayne Blud 12000 Biscayne Blud. 65-0051958 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 401 401 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution Country Country 8. This corporation has liability for intangible tax under s. 199.032, 3318 W.S.A. 25 U.S.A. 29 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name PEX, MICHAEL J. 10020 SW 91ST TERR Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33176 83 84 City 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 a project the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NoTE: Registered Agent's gridure required when her staring) thanks of earliested agent and the diapple age-DAIL OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) DELETE TITLE 11 TIFLE President NAME PEX, MICHAEL J. 1.2 NAME CR2E034 STREET ADDRESS 10020 SW 91ST TERR 1.3 STREET ADDRESS CITY - ST - ZIP MIAMI FL 14 CHY ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3.1 THILE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3 4 CITY - \$1 - ZIP DELETE TITLE 4.1 THLE ____ Change ____ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - 7iP TITLE DELETE 5 1 TIFLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ACCRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE TITLE 6.1 TIT: F Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - ST - 7IP 14. I do hereby cert.ly that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 14,1996 (305) 892-6300