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 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K34390 (0)

1. Corporate Name
TRAVEL TRADE CORPORATION

Principal Place of Business	Mailing Address
330 SW 27TH AVENUE #303 MIAMI FL 33135	330 SW 27TH AVENUE #303 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/27/1988**
3a. Date of Last Report: **08/26/1994**
4. FEI Number: **65-0082553** [ ] 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. 199.03, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SANCHEZ, ALTAGRACIA
330 SW 27TH AVENUE
SUITE 303
MIAMI FL 33135

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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KAZAUK, YOSHIMURA
STREET ADDRESS	330 SW 27 AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	SANCHEZ, ALTAGRACIA
STREET ADDRESS	330 SW 27TH AVENUE #303
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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: Altagracia Sanchez 4/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0143079 CP

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1995 5-2a 95 B - 6835 NC

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

TALLAHASSEE, FLORIDA

DOCUMENT # K34453 (6)

1. Corporate Name

JOHN KEELING CONSULTING, INC.

Principal Place of Business	Mailing Address
18015 PATTERSON RD ODESSA FL 33556	18015 PATTERSON RD ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date In Corporated or Qualified: 09/26/1988

3a. Date of Last Report: 04/25/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 59-2918719 — 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/will be filing tax returns under § 199.032 Florida Statutes.* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KEELING, JOHN
18015 PATTERSON RD
ODESSA FL 33556

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 Section(s) 607.1005 and 607.1008, 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

(Typed or printed name of person signing) (If agent is signing, type or print name) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 TITLE	PVS	01 TITLE	☐ Change ☐ Addition
02 NAME	KEELING, JOHN	02 NAME	
03 STREET ADDRESS	18015 PATTERSON ROAD	03 STREET ADDRESS	
04 CITY ST ZIP	ODESSA FL	04 CITY ST ZIP	
05 TITLE	T	05 TITLE	☐ Change ☐ Addition
06 NAME	KEELING, JOHN	06 NAME	
07 STREET ADDRESS	18015 PATTERSON ROAD	07 STREET ADDRESS	
08 CITY ST ZIP	ODESSA FL	08 CITY ST ZIP	
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	

14. I 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 enclosed 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 added above with an address.

SIGNATURE: Julia B. Keeling — 5/2/95 — 813 920-3720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0287445 CP