## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # K52008

(5)

ACADEMY TRAVEL, INC.

Principal Place of Business 18646 NW 67TH AVENUE MIAMI FL 33015

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

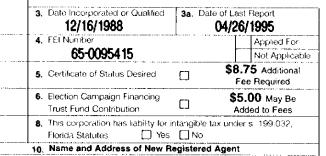
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g. Name and Address of Current Registered Agent

18646 NW 67TH AVENUE MIAMI FL 33015



FOSTER, PATRICIA L. 1131 NE 142NO STREET N. MIAMI FL 33161

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	84	City	FL	85	Zip Code
e abo	N/64-5	racted cornoration submits this statement for the number	of chan	cino	ite maistared often

Street Address (P.O. Box Number is Not Acceptable)

Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. Thereby accept the appointment as registered agent. Lan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

81 Name

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12.	OFFICERS AND DIRE		# Reconstruct Agent signature respires	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCD	☐ DELETE	1 1 T-TLF	☐ Change ☐ Addition
NAME	FOSTER, PATRICIA L.		1.2 NAME	
STREET ADDRESS	1131 NE 142ND STREET		13 STREET ADDRESS	
CITY-S*-ZiP	n. Miami fl		1.4 C+TY - S1 - ZIP	
THILE		☐ DELETE	2 1 T:TLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CiTY - ST - ZIF	
THILE		☐ DELETE	3 1 Totle	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CHY-S1-ZIP			3.4 CHY+S1+ZIP	
TITLE		☐ DELETE	4 CTOTLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
City-ST-ZIP			4.4 CITY - ST - ZIP	
THTLE		☐ DELETE	5 4 T:1[F	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP	
TITLE		☐ DELETE	6 1 THILE	Change Addition
NAME			€ 2 NAME	
STREET ADDRESS			€ 3 STREET ADDRESS	
CITY-ST-7IP			6.4 CITY - ST. 7IP	

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)(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 endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or an attachment wiff an address.

SIGNATURE:

MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/96 305 628/427

CR2E034 (12/95)