

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K67943 (6)

1. Corporation Name

DADE TRAVEL CENTER, INC.

Principal Place of Business

C/O GARY RAGATZ
7525 WEST 20TH AVENUE
HIALEAH FL 33014

Mailing Address

C/O GARY RAGATZ
7525 WEST 20TH AVENUE
HIALEAH FL 33014



3. Date Incorporated or Qualified

02/23/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3225 Meridian Parkway

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft. Lauderdale, FL

24 33331

25 USA

29

30

4. FEI Number

65-0096531

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. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAGATZ, GARY
7525 WEST 20TH AVENUE
HIALEAH FL 33014

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

Debra J. Celotto

Debra J. Celotto

6/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	EICHSTAEDT, DEBRA J.	
STREET ADDRESS	7525 WEST 20TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	☐ DELETE
NAME	RAGATZ, GARY	
STREET ADDRESS	7525 WEST 20TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	CELOTTO, DEBRA J.
1.3 STREET ADDRESS	3225 MERIDIAN PARKWAY
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33331
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	3225 MERIDIAN PARKWAY
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33331
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 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:

Debra J. Celotto

Debra J. Celotto

6/12/96

305/384-2461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Mo/Yr Phone #

CR2E034 (12/95)