FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K67943 (6) DADE TRAVEL CENTER, INC. Principal Place of Business Mailing Address 9225 MERIDIAN PKWY 3225 MERIDIAN PKWY FT LAUDERDALE FL 33331 FT LAUDERDLAE FL 33331 DO NOT WRITE IN THIS SPACE US 3. Date incorporated or Qualified 02/23/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1555 ω. <u>NOT APPLICABLE</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent RAGATZ, GARY 7525 WEST 20TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33014 63 Zip Code 11. Pursuant to the provisions of Socions 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 Lighter Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am numiliar with, and recept the distributions of Socions 607.0505, Florida Statutes.

3-31-98

SIGNATURE (NOTE Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1 1 TITLE Change CELOTTO, DEBRA J NAME 1.2 NAME 7555 W. 20 AUE 3225 MERIDIAN PARKWAY STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL HIALEAH, FL 33014 CITY - ST- ZIP 1.4 CITY - ST - 7IP DELETE TITLE 2.1 TITLE RAGATZ, GARY NAME 22 NAME 7555 W 20 AUE 3225 MERIDIAN PARKWAY STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL. HIALEAH, FL 33014 CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change Addition 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE Change OgitiphA TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 arrival 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 attactiment with an address.

Debrah Celotto

STREET ADDRESS

CR2E034