

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 # **K76659** (7)

1. Corporation Name
CENTRAL TRAVEL SERVICES, INC.



Principal Place of Business: **1780 SANS SOUCI BLVD N MIAMI FL 33181**
Mailing Address: **1780 SANS SOUCI BLVD N MIAMI FL 33181**

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

3. Date Incorporated or Qualified: **03/30/1989**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **65-0107288**
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

**MORALES-SERRANO, GLORIA
10175 COLLINS AVE
APT 204
BAL HARBOR FL 33154**

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 607.0500 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: _____ Date: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <input type="checkbox"/> DELETE NAME: PTD FERNANDEZ, ILEANA A STREET ADDRESS: 1235 PENNSYLVANIA AVE, 2E CITY-STATE-ZIP: MIAMI BCH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE NAME: VSD SERRANO, GLORIA M STREET ADDRESS: 10175 COLLINS AVE, #204 CITY-STATE-ZIP: BAL HARBOR FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
TITLE: <input checked="" type="checkbox"/> DELETE NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY-STATE-ZIP: [REDACTED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY-STATE-ZIP: [REDACTED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY-STATE-ZIP: [REDACTED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY-STATE-ZIP: [REDACTED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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 in this report, or in an attachment with an address.

SIGNATURE: **Ileana A. Fernandez, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-96 (305) 891-9786
Date Date/Phone No.

CR2E034 (12/95)