## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED PROFIT** Jan 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # CENTRAL TRAVEL SERVICES, INC. Principal Place of Business Mailing Address 1780 SANS SOUCH BLVD 1790 SANS SOUCH BLVD N MIAMI FL 33181 N MIAMI FL 33181 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/30/1989 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 65-0107288 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MORALES-SERRANO, GLORIA 10175 COLLINS AVE Street Address (P.O. Box Number is Not Acceptable) **APT 204** 83 BAL HARBOR FL 33154 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 agont, 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 agont, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE Change Addition TITLE PTD 1.1 TITLE NAME FERNANDEZ. ILEANA A 1.2 NAME STREET ADDRESS 1235 PENNSYLVANIA AVE.2E 1.3 STREET ADDRESS MIAMI BCH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change 2.1 TITLE TITLE VSD SERRANO, GLORIA M 2.2 NAME 10175 COLLINS AVE. #204 STREET ADDRESS 2.3 STREET ADDRESS **BAL HARBOR FL** 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change \_\_\_ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-S1-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME

officer or director of the corporation or the receiver or true Block 12 or Block 13 if changed, or on an attachment with 01 20 00 /20E\901\_0796

14. I hereby 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 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 report or truese empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP