

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**

98 MAY 15 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L07534 (5)

1. Corporation Name  
**MARKETING & RESERVATIONS (USA) INC.**

Principal Place of Business: 1150 NW 72ND AVE. STE 377 MIAMI FL 33126  
Mailing Address: 1150 NW 72ND AVE. STE 377 MIAMI FL 33126

3. Date Incorporated or Qualified  
**08/07/1989**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>65-0146712</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
	City & State		City & State		<input type="checkbox"/>	
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
	Country		Country		<input type="checkbox"/>	
24	Country	29	Country	8.	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**MAGILL, PATRICK M.**  
2110 EAST ROBINSON STREET  
ORLANDO FL 32803

81 Name: **AMERILAWYER**  
82 Street Address (P.O. Box Number is Not Acceptable): **343 ALMERIA AVENUE**  
83  
84 City: **CORAL GABLES** FL 85 Zip Code: **33134**

11. Pursuant to the provisions of Sections 607.007 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 the provisions of Sections 607.005, Florida Statutes.

**Spiegel, Patricia, P.A. d/b/a AmeriLawyer**

SIGNATURE: By: *Natalia Urrera* **Natalia Urrera, Vice-President** Agent signature required when reinstating. DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DST</b>	1.1 TITLE	<b>PRESIDENT</b>
NAME	<b>PATEL, MAHENDRA</b>	1.2 NAME	<b>THOMAS, CORREIA</b>
STREET ADDRESS	<b>1150 NW 72ND AVE., STE. 377</b>	1.3 STREET ADDRESS	<b>1150 NW 72ND AVE, STE 377</b>
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33126</b>
TITLE	<b>DP</b>	2.1 TITLE	<b>TREASURER / SECRETARY</b>
NAME	<b>PENMAN, JAMES</b>	2.2 NAME	<b>ANGELO FERNANDES</b>
STREET ADDRESS	<b>1150 NW 72ND AVE., STE 377</b>	2.3 STREET ADDRESS	<b>1150 NW 72ND AVE, STE 377</b>
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33126</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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\*\*\*\*150.00 \*\*\*\*150.00

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 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: *Angelo Fernandes* **ANGELO FERNANDES 2/20/98 (805)471-6170**

CR2E034 (10/97)