SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -8 AM 10:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L17984** **(0)**

1. Corporation Name
CONSOLIDATED TRAVEL GROUP, INC.

Principal Place of Business	Mailing Address
C/O ABE BAKER 305 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301	C/O ABE BAKER 305 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1989
3a. Date of Last Report: 06/27/1994

2. Principal Place of Business	2a. Mailing Address
21 101 NE 3rd Avenue	26 101 NE 3rd Avenue
Suite, Apt. #, etc. 22 Suite 203	Suite, Apt. #, etc. 27 Suite 203
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
24 Zip 33301 25 County USA	29 Zip 33301 30 Country USA

4. FEI Number: 65-0152435 ☐ 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

BAKER, A. ADAM
305 SOUTH ANDREWS AVENUE
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: Madeline Valdes
82 Street Address (P.O. Box Number is Not Acceptable): 101 NE 3rd Avenue
83 Suite 203
84 City: Ft. Lauderdale FL 85 Zip Code: 33301

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: Madeline Valdes
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE	DP	11 TITLE	DP	☑ Change ☐ Addition
NAME	BAKER, A. ADAM	12 NAME	Madeline Valdes	
STREET ADDRESS	305 S. ANDREWS AVENUE	13 STREET ADDRESS	101 NE 3rd Avenue, H 203	
CITY-ST-ZIP	FORT LAUDERDALE FL	14 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 the 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: Madeline Valdes MADELINE VALDES 8/02/95 (305) 761-2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0070576 CP