

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L17984 (0)  
1. Corporation Name  
CONSOLIDATED TRAVEL GROUP, INC.



Principal Place of Business  
7160 W MCNAB RD  
SUITE 203  
TAMARAC FL 33321  
US

Mailing Address  
7160 W MCNAB RD  
SUITE 203  
TAMARAC FL 33321  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/25/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0152435	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	
				Trust Fund Contribution	
				Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VALDES, MADELINE 101 NE 3RD AVENUE SUITE 203 FT LAUDERDALE FL 33301				81 Name MADELINE VALDES			
				82 Street Address (P.O. Box Number is Not Acceptable) 7160 WEST MCNAB ROAD			
				83			
				84 City TAMARAC			
				85 Zip Code 33321			

11. Pursuant to the provisions of Sections 607.0502 and 607.008, 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]* (NOTE: Registered Agent signature required when reinstating) DATE 4/27/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	VALDES, MADELINE	1.2 NAME	MADELINE VALDES
STREET ADDRESS	7160 W MCNAB RD	1.3 STREET ADDRESS	9555 WEST MCNAB ROAD
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	TAMARAC, FLA. 33321
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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	

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; 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 in an attachment with an address.

SIGNATURE *[Signature]* DATE 4/27/98

CR2E034 (10/97)