

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

FILED
Apr 27 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 # L22309
 1. Corporation Name
SAECA TRAVEL, INC.

Principal Place of Business
550 Biltmore Way
9th Floor
Coral Gables, FL 33145
US

Mailing Address
550 BILTMORE WAY, 9TH FLOOR
CORAL GABLES, FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/12/1989

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 **550 Biltmore Way**

27 Suite, Apt. #, etc.
9th Floor

28 City & State
Coral Gables, FL

29 Zip Country
33134 Dade

30

4. FEI Number
65-0148732

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 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 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 _____ (NOTE: Register of Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISRAHI, JOSE	1.2 NAME	
STREET ADDRESS	550 BILTMORE WAY, 9TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARMENDIA, GENARO J.	2.2 NAME	
STREET ADDRESS	550 BILTMORE WAY, 9TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEZ-ARGUELLES, JULIO	3.2 NAME	
STREET ADDRESS	550 BILTMORE WAY, 9TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREIRA, MANUEL	4.2 NAME	
STREET ADDRESS	550 BILTMORE WAY, 9TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, EDUARDO L.	5.2 NAME	
STREET ADDRESS	550 BILTMORE WAY, 9TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: *Eduardo L. Hernandez* **Eduardo L. Hernandez** April 15, 1998 (305)442-3405
 SECRETARY

CR2E034 (10/97)