

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L83985** (6)
1. Corporation Name
NU-CONCEPT TRAVEL CORP.



Principal Place of Business: **2632 HOLLYWOOD BLVD., SUITE 100 HOLLYWOOD FL 33020**
Mailing Address: **2632 HOLLYWOOD BLVD., SUITE 100 HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified: **06/28/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0214270**
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

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address: Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent: **RAMIREZ, LUZ 5961 HAWKES BLUFF AVE DAVIE FL 33331**
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 **FL**

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: *[Signature]* DATE: **3/15/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> DELETE	P RAMIREZ, LUZ 5961 HAWKES BLUFF AVE DAVIE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Luis Almonte 2632 Hollywood Blvd. Suite 100 Hollywood, Florida 33020
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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: *[Signature]* DATE: **3/15/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)