2001 UNIFORM BUSINESS REPORT (UBR)

001216? AF

DOCUMENT # L99000005126

1. Entity Name
ISCO TRAVEL SERVICES-U.S.A., L.L.C.

FILED
01 MAY -2 PM 6:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE — MJH

Principal Place of Business	Mailing Address
3363 W. COMMERCIAL BLVD.. STE 202 FORT LAUDERDALE FL 33309	3363 W. COMMERCIAL BLVD.. STE 202 FORT LAUDERDALE FL 33309

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0940711 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, THOMAS J JR. 150 ALHAMBRA CIRCLE, SUITE 1260 CORAL GABLES FL 33134	Name: WRIGHT, DAVID FRAME Street Address (P.O. Box Number is Not Acceptable): 3363 WEST COMMERCIAL BLVD. SUITE 202 City: FORT LAUDERDALE FL Zip Code 33309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE X [signature] DAVID F. WRIGHT MANAGER 04/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DAVIS, THOMAS J JR. 150 ALHAMBRA CIRCLE, SUITE 1260 CORAL GABLES FL 33134 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WRIGHT, DAVED FRAME 3363 WEST COMMERCIAL BLVD. SUITE 202 FORT LAUDERDALE, FLA. 33309 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CARPENTER, NORMAN A 150 ALHAMBRA CIRCLE, SUITE 1260 CORAL GABLES FL 33134 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000004288190--4 --05/22/01--01116--033 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X [signature] DAVID F. WRIGHT 04/23/01 (954) 485 6134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #