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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

<ol> <li>Corporation</li> </ol>	MENT : n Name LO TRAVE								
Principal Place of Business  APOLO TRAVEL INC  11 40   MIRACLE MILE  CORAL GABLES FL 33134  MARIE FL 33155 CORAL GA PULS  MARIE FL 33155 CORAL GA PULS  MARIE FL 33155 CORAL GA PULS									
US				US	干L. 3	33134	3. Date incorporated or Qualified 06/20/1984	3a. Date of L 05/	01/1995
2. Principal Pla	ace of Busines	s	-	2a. Mailing Addre	ess		4. FEI Number 59-24 19801		Applied For Not Applicable
Suite, Apt. :	#, etc.		2	Suite, Apt. #,	etc.		5. Certificate of Status Desired		3.75 Additional Fee Required
City & State	3		2	City & State			Election Campaign Financing     Trust Fund Contribution	\$	5.00 May Be Added to Fees
Zip	2	Country 5	2	Zip 9	30	Country	8. This corporation has liability for	· · · · · · · · · · · · · · · · · · ·	
	9, Name a	nd Address o	f Current Re	gistered Agent			10. Name and Address of New F		it
<del>95</del> 27-	LO, ROSARI <del>BIRD RD</del> I FL-33165	0 401 Coen	MIRA TE TGA	ociem 311 ples Fl	ιιε 33134	62 Street Add  63 84 City	dress (P.O. Box Number is Not Acceptat		Zıp Code
1. Pursuant t	to the provision	s of Sections 6	07.0502 and	607.1508. Florida	Statutes the a	about named correc	oration submits this statement for the rule	FL was at changing	te registered offic
familiar wit	th, and accept	the obligations	of, Section 60	uch charige was a 07.0505, Florida S e if applicable	a Statutes, the a authorized by the statutes.	about named correc		rpose of changing cointment as regis	tered agent. I am
familiar wit	th, and accept	the obligations	of, Section 6	uch change was a 07.0505, Florida S e if applicable RECTORS	a Statutes, the a authorized by the statutes.  [NOTE Registe	above-named corpoie corporation's boate corporation's boatered Agent signature requires.	ard of directors. I hereby accept the app	rpose of changing pointment as regis DATE ICERS AND DIRE	tered agent. I am
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ROSARIO PICALLO
ORDIRECTOR SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR