

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M09130

1. Entity Name

INTERNATIONAL TRAVEL NETWORK CORP, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90097 035 ***150.00

Principal Place of Business

Mailing Address

~~1414 BRICKELL AVENUE~~
~~MIAMI FL 33131~~
 US

~~1414 BRICKELL AVE~~
~~MIAMI FL 33131-0400~~
 US

2. Principal Place of Business

3. Mailing Address

1901 Brickell Ave

1901 Brickell Ave.

Suite, Apt. #, etc.
 B-201

Suite, Apt. #, etc.
 B-201

City & State
 Miami, FL

City & State
 Miami, FL

Zip
 33129

Country
 U.S.

Zip
 33129

Country
 U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2485677**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAMPOLINA, JAIME
1874 MERIDAN AVENUE
SUITE 212
MIAMI BEACH FL 33139

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARDOSO, SERGIO	
STREET ADDRESS	1415 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	MACHADO, PAULO	
STREET ADDRESS	1414 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Trudy Giesbers TRUDY GIESBERS

4/26/00 (305) 857 6968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99