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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # M09824 (7) 1. Corporation Name								
ECONO	TRAVEL, INC.					4 (BA(CA)) (b) (BB)(A (G)B) (C)(A (18)		1 81811 83811 B1811 1881
Principal Place of	of Business	Mailing Addr	ess			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
19 S.E. 2ND AVE. 19 S.E. 2ND SUITE 6 SUITE 6 MIAMI FL 33131 MIAMI FL 33			6					
	•					3. Date incorporated or Qualified 01/10/1985	3a. Date of La	st Report <b>/1995</b>
2. Principal Plac	ce of Business	2a. Mailing A	ddress			4. FEI Number	00/01	Applied For
21		26				59-2481220		Not Applicable
Suite, Apt. #,	, etc.	Suite, Ap	it.#, etc.			5. Certificate of Status Desired	1 1 7 7	3.75 Additional Fee Required
City & State		27   City & St	ate			6. Flection Campaign Financing		5.00 May Be
23		28				Trust Fund Contribution		Added to Fees
Ziρ	Country	Zip		Countr	у	8. This corporation has liability for		ler s. 199.032,
24	25	29		30			□ No	
	9. Name and Address of Curre	nt Registered Age	ent	8-	I Name	10. Name and Address of New F	legistered Agen	<u> </u>
MINIEN	MIAN E					16 M . 1		
	, Juan E. 2nd ave.				Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 6				83	3			
MAMI FL				84	I City		<b></b> 85	Zip Gode
							FL ∣°°	'
11. Pursuant to or registere	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor	2 and 607.1508, Fl ida. Such change v	orida Statute vas authorize	s, the above ed by the cor	named corpor poration's boa	ration submits this statement for the puring of directors. I hereby accept the app	rpose of changing ontment as regis	; its registered office tered agent. I am
familiar with SIGNATURE.	n, and accept the obligations of, Sec Sgnature, typed or printed having they should appropriate.	cland title if approache	nda Statutes.	TE Buysteled Ag	named corpor poration's boar	vi wied constancji	CIATE	<u> </u>
signature. s	n, and accept the obligations of, Sec Sgnature, typed or protect hank of registered ago OFFICERS AN	ction 607,0505, Flor canditite if appreciable ND DIRECTORS	rda Statutes.	TE Registered Ag	est signature regime		CIATE ICERS AND DIRE	CTORS IN 12
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SIGNATURE.  S  12.  TITLE  NAME  SIREEL ADDRESS  CITY-ST-ZIP	on and accept the obligations of, Sec Signature, typed or printed name of registered again OFFICERS AND DP MULLEN. JUAN E. 19 S.E. 2ND AVE. #S 6	alon 607,0505, Flor dare trivit approach. ND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS ST-ZIP	vi wied constancji	CATE  ICERS AND DIRE  ON	CTORS IN 12 ange
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certify that the minormation indicated on this armed report or supplier fortial armed report is true and accurate and that my signature shall have the same regarded as it made those only that I am an officerfor discotor of 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 Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and the Block 12 or Florida St

SIGNATURE:

EU NAME OF SIGNING OFFICER OR DIRECTOR

Daytone Phone #