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

M22296 **DOCUMENT #**

(1)

THE SMART TRAVELLER INC.

Mailing Address Principal Place of Business

3111 S.W. 27 AVENUE



MIAMI FL 3313		MIAMI FL 33133	•							
					3. Date Incorporated or Qualified 10/22/1985	За.	3a. Date of Last Report 05/01/1995			
2. Principal Plac	e of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number				pplied For
i]		26	26			59-2592462				ot Applicable
Suite. Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired				Additional equired
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution				May Be to Fees
3	Country	7p	Loo J	atry		8. This corporation has liability for	intano ¹			
Zip [a]	25	29	30	,		Florida Statutes 🔀 Yes	. Dĭ	1 5		
4	9. Name and Address of Curr	L _ J		<u> </u>		10. Name and Address of New Registered Agent				
	<u> </u>	<u></u>		81	Name					
GROSS,	LOUISE		ŀ	82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)			
3111 SW	27TH AVE		83							
MIAMI FL	33133									
				84	City			FL 85	Zιρ	Code
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12.	P\$	DELETE	1 1 1	ITE F				☐ Cn		☐ Addition
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-	MIAMI FL				T ZIP					
CITY-ST-ZIP TITLE	DC	☐ DELETE	2 1 1					Cr	iange	Addition
NAME	DAVIES, GARTH		2 2 N	AME						
STREET ADDRESS	3111 SW 27 AVE		235	IBEET	ADDRESS					
C-TY - ST - ZiP	MIAMI FL				T - Z-P					Addition
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NAME			32N		7.4000463					
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NAME			, 42 N	ΙΑΜΕ						
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City-ST-ZiP			440	aty s	ST ZIP					
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TITLE		Durren	6 1 1					L_1 °	g	L
NAME				MAME TREE	I ADDRESS					
STREET ADDRESS			1		ST-ZIF					
City-St-ZiP	and the the interest on a mal	iad with this filing is voluntarily for	rnished and	doe	es not readify	for the exemption stated in Section 11	9.07(3)	j(k), Florida	Statu	tes I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(s)(s), Fronza Statutes Turmer 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 cath, that I am an officer or director of the corporation or the receiver of 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: