## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

THE SMART TRAVELLER INC.

		_		
Principal	Place	of	Business	

## **FILED** Apr 24 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			ı improditi file siyata siyata şiyata dibili dilaşı dilkli dilbili dilbili dilbili dilbili dilbili dilbili dilbili
3111 S.W. 27	3111 S.W. 27 AVENUE 3111 S.W. 27 AVENUE				
MIAMI FL 331	MIAMI FL 33133 MIAMI FL 33133				
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
9 Principal P	lace of Business	2a. Mailing Address			10/22/1985 4. FEI Number Applied For
21	adog of Eddiness	26			1,5556
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.	··		59-2592462   Not Applicable   \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. X Yes No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered Agent
GR	OS\$, LOUISE		81	Name	
	1 SW 27TH AVE		82	Street A	ddress (P.O. Box Number is Not Acceptable)
	MI FL 33133		02	SHEELA	GOTESS (F.O. BOX NUMBER'S NOT Acceptable)
	· <del>-</del>		83		
			84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes	s, the above	e-named c	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the Sta	ale of Florida. Such change was au ligations of, Section 607.0505, Flor	uthorized by	the carac	oration's board of directors. I hereby accept the appointment as registered
-	Trigorial Will, and accept the op	ingations of, acction 607.0000, 1 (or	ida otatutes	>.	
SIGNATURE	Signature, typed or printed name of registered	agent and tile if applicable (NOTE:	Registered Age	nt signature re	aquired when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PS	DELETE	1.1 TITLE		Change Addition
NAME	<b>G</b> ROSS, LOUISE		1.2 NAME	İ	
STREET ADDRESS	3111 SW 27 AVE		1.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CHY-S	1 - ZIP	
TITLE	DC	DELETE	21 TITLE		Change Addition
NAME	DAVIES, GARTH		2.2 NAME		
STREET ADDRESS	3111 SW 27 AVE		2.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-5	ST-ZIP	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4 CITY-S	T-2)P	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME.			4. 2 NAME		_ · ·
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-S		
TITLE	·	DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY-S	i	
14. I hereby co	ertify that the information supplied	with this filling does not qualify for	the exempt	ion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
maicatea (	on this annual recort or subbleme	Malahunual report is true and accui	rate and tha	ป ทาง ธเตกะ	ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in
Block 12 o	r Block 13 if changed, or on ad a	tachment with an address.			Okoss
		i Ma	<i>μ</i> .	1017E	Who do a series -