

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M32498 (1)
1. Corporation Name
GULFSTREAM TRAVEL INCORPORATED

Principal Place of Business
471 SW 8 ST #A
MIAMI FL 33130

Mailing Address
471 SW 8 ST #A
MIAMI FL 33130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1986	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2675734		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SALAZAR-ESTURO, MIGUEL 471 SW 8 ST #A MIAMI FL 33130		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URIA, JAVIER	12 NAME	
STREET ADDRESS	471 SW 8 ST #A	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	14 CITY-ST-ZIP	
TITLE	VDS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR-ESTURO, MIGUEL	22 NAME	
STREET ADDRESS	471 SW 8 ST #A	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	24 CITY-ST-ZIP	
TITLE	URIA, JOSE M	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	471 SW 8 ST #A	32 NAME	
STREET ADDRESS	MIAMI FL 33130	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	34 CITY-ST-ZIP	
TITLE	ARRATE, JOSE M	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	471 SW 8 ST #A	42 NAME	
STREET ADDRESS	MIAMI FL 33130	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	44 CITY-ST-ZIP	
TITLE	BERMEOSOLO, JULEN	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	471 SW 8 ST #A	52 NAME	
STREET ADDRESS	MIAMI FL 33130	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

Date

Daytime Phone #

0177087

CF2E034 (10/97)