FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:28

DOCUMENT # **M36601** **(6)**

1. Corporation Name

TRAVEL LEADERS, INC.

Principal Place of Business	Mailing Address
1701 PONCE DE LEON BLVD CORAL GABLES FL 33134 US	P O BOX 149005 CORAL GABLES FL 33114-9005 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/11/1986**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: **59-2702857** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HASSINE, SIMON
1701 PONCE DE LEON BLVD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 _____ (Date)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when name is changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HASSINE, SIMON	12 NAME	
STREET ADDRESS	11 GROVE ISLE S1210	13 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ELIAS, MARK	22 NAME	
STREET ADDRESS	5890 SW 102 ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	HASSINE, MICHELE	32 NAME	
STREET ADDRESS	11 GROVE ISLE S1210	33 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	34 CITY-ST-ZIP	
TITLE	VTD	41 TITLE	☐ Change ☐ Addition
NAME	HASSINE, CATHY	42 NAME	
STREET ADDRESS	16050 OLD CUTLER RD	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	HASSINE, JACQUELINE	52 NAME	
STREET ADDRESS	11 GROVE ISLE S1210	53 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	54 CITY-ST-ZIP	
TITLE	DV	61 TITLE	☐ Change ☐ Addition
NAME	HASSINE,ELIAS PATRICIA	62 NAME	
STREET ADDRESS	5890 SW 102 ST	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 an attachment with an address.

SIGNATURE: Cathy Hassine CATHY HASSINE 1-12-95 (305)4452555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

0206010 CP