**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

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

1. Corporation Name

**TRAVEL LEADERS, INC.**

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

3. Date Incorporated or Qualified: **08/11/1986**
3a. Date of Last Report: **01/18/1995**
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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 11 TITLE | | ☒ Change ☐ Addition |
| NAME | HASSINE, SIMON | | 12 NAME | | |
| STREET ADDRESS | II GROVE ISLE S1210 | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | COCONUT GROVE FL | | 14 CITY ST ZIP | COCONUT GROVE FL 33133 | |
| TITLE | VD | ☐ DELETE | 21 TITLE | | ☒ Change ☐ Addition |
| NAME | ELIAS, MARK | | 22 NAME | | |
| STREET ADDRESS | 5890 SW 102 ST | | 23 STREET ADDRESS | 10000 SW 60 CT | |
| CITY-ST-ZIP | MIAMI FL | | 24 CITY ST ZIP | MIAMI FL 33156 | |
| TITLE | SD | ☐ DELETE | 31 TITLE | | ☒ Change ☐ Addition |
| NAME | HASSINE, MICHELE | | 32 NAME | | |
| STREET ADDRESS | II GROVE ISLE S1210 | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | COCONUT GROVE FL | | 34 CITY ST ZIP | COCONUT GROVE FL 33133 | |
| TITLE | VTD | ☐ DELETE | 41 TITLE | | ☒ Change ☐ Addition |
| NAME | HASSINE, CATHY 1801 ESPANOLA DR. | | 42 NAME | | |
| STREET ADDRESS | ~~16050 OLD CUTLER RD~~ | | 43 STREET ADDRESS | 1801 ESPANOLA DRIVE | |
| CITY-ST-ZIP | MIAMI FL COCONUT GROVE FL 33133 | | 44 CITY ST ZIP | COCONUT GROVE FL 33133 | |
| TITLE | DV | ☐ DELETE | 51 TITLE | | ☒ Change ☐ Addition |
| NAME | HASSINE, JACQUELINE | | 52 NAME | | |
| STREET ADDRESS | II GROVE ISLE S1210 | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | COCONUT GROVE FL | | 54 CITY ST ZIP | COCONUT GROVE FL 33133 | |
| TITLE | DV | ☐ DELETE | 61 TITLE | | ☒ Change ☐ Addition |
| NAME | HASSINE,ELIAS PATRICIA | | 62 NAME | | |
| STREET ADDRESS | 5890 SW 102 ST | | 63 STREET ADDRESS | 10000 SW 60 CT | |
| CITY-ST-ZIP | MIAMI FL | | 64 CITY ST ZIP | MIAMI FL 33156 | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing, if 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 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 added to the report with an address.

**SIGNATURE:** Cathy Hassine 4/4/96 (305) 445 2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE #