

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90048 025 ***150.00

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DOCUMENT # M36601

1. Corporation Name

TRAVEL LEADERS, INC.

Principal Place of Business

1701 PONCE DE LEON BLVD
CORAL GABLES FL 33134
US

Mailing Address

P O BOX 149005
CORAL GABLES FL 33114-9005
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1986

4. FEI Number

59-2702857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
HASSINE, SIMON
STREET ADDRESS II GROVE ISLE S1210
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ DELETE

NAME VD
ELIAS, MARK
STREET ADDRESS 10000 SW 60 CT
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME SD
HASSINE, MICHELE
STREET ADDRESS II GROVE ISLE S1210
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ DELETE

NAME VTD
HASSINE, CATHY
STREET ADDRESS 1801 ESPANOLA DRIVE
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ DELETE

NAME DV
HASSINE, JACQUELINE
STREET ADDRESS II GROVE ISLE S1210
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ DELETE

NAME DV
HASSINE, ELIAS PATRICIA
STREET ADDRESS 10000 SW 60 CT
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

Date

(305) 445 2555

Daytime Phone #

CR2E034 (11/98)