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 # M36604 (0)

1. Corporation Name

ELITE TRAVEL MARKETING, INC.

Principal Place of Business
1000 PONCE DE LEON BLVD.
209
CORAL GABLES FL 33134-3345

Mailing Address
1000 PONCE DE LEON BLVD.
209
CORAL GABLES FL 33134-3345

3. Date Incorporated or Qualified: 08/11/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2723629 — 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
21
22 Suite, Apt. #, etc. 309
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc. 309
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

GOMEZ, LUIS
1000 PONCE DE LEON BLVD.
209
CORAL GABLES FL 33134-3345

10. Name and Address of New Registered Agent

81 Name: ALBERTO J. GÓMEZ JR.
82 Street Address (P.O. Box Number is Not Acceptable): 1000 PONCE DE LEON BLVD
83 309
84 City: CORAL GABLES FL
85 Zip Code: 33134-3345

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] 04-18-96
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	DPT	☒ DELETE
NAME	GOMEZ, LUIS	
STREET ADDRESS	999 PONCE DE LEON BLVD., # 551	
CITY-ST-ZIP	CORAL GABLES FL 33134-3345	
TITLE	S	☐ DELETE
NAME	GOMEZ, OFELIA L.	
STREET ADDRESS	999 PONCE DE LEON BLVD., # 551	
CITY-ST-ZIP	CORAL GABLES FL 33134-3345	
TITLE	D	☐ DELETE
NAME	GOMEZ, ALBERTO J.	
STREET ADDRESS	999 PONCE DE LEON BLVD.# 551	
CITY-ST-ZIP	CORAL GABLES, FL.' 33134-3345	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	☐ Change ☒ Addition
1.2 NAME	GOMEZ JR., ALBERTO J.	
1.3 STREET ADDRESS	1000 PONCE DE LEON BLVD. # 309	
1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134-3345	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1000 PONCE DE LEON BLVD #309	
2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134-3345	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	1000 PONCE DE LEON BLVD #309	
3.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134-3345	
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 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)(k), 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: [signature] 04-18-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)