

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

FILED

Apr 16 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 # M36604 (0)
1. Corporation Name
ELITE TRAVEL MARKETING, INC.



Principal Place of Business 1000 PONCE DE LEON BLVD. 575-000 CORAL GABLES FL 33134-3345 US	Mailing Address C/O ERNESTO SANCHEZ P.A. 814 PONCE DE LEON BLVD. #505 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 SUITE 205 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/11/1986	
				4. FEI Number 59-2723629	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SANCHEZ, ERNESTO P.A. 814 PONCE DE LEON BLVD. SUITE 505 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DPT			1.1 TITLE			
NAME	GOMEZ, ALBERTO J. JR			1.2 NAME			
STREET ADDRESS	1000 PONCE DE LEON BLVD, #309			1.3 STREET ADDRESS	1000 Ponce de Leon Blvd. #205		
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VPSD			2.2 NAME			
STREET ADDRESS	GOMEZ, OFELIA L.			2.3 STREET ADDRESS	1000 Ponce de Leon Blvd. #205		
CITY-ST-ZIP	1000 PONCE DE LEON BLVD, #309			2.4 CITY-ST-ZIP			
CITY-ST-ZIP	CORAL GABLES FL			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> DELETE			3.2 NAME			
NAME				3.3 STREET ADDRESS			
STREET ADDRESS				3.4 CITY-ST-ZIP			
CITY-ST-ZIP				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> DELETE			4.2 NAME			
NAME				4.3 STREET ADDRESS			
STREET ADDRESS				4.4 CITY-ST-ZIP			
CITY-ST-ZIP				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> DELETE			5.2 NAME			
NAME				5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> DELETE			6.2 NAME			
NAME				6.3 STREET ADDRESS			
STREET ADDRESS				6.4 CITY-ST-ZIP			
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.

SIGNATURE:  April 6, 1998 (305) 442-0505

CR2E034 (10/97)