## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State

DIVISION OF CORPORATIONS

POCUMENT # M36618

(0)

TODAMERICA TRAVEL INC.

1998

Principal Place of Business Mailing Address 17030 COLLINS AVE 17000 COLLINS AVE N. MIAMI BEACH FL 33160 N. MIAMI BEACH FL 33160 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 08/11/1986 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-2707235 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MARQUEZ, JOSE M. 780 NW LEJEUNE RD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 400 LEJEUNE CENTRE** MIAM! FL Zip Code 85 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 (NOTF: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE CHAVEZ, JOSE E. NAME 1.2 NAME 200 NW 151 AVE STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE \_ Change Addition TITLE 2.1 TITLE CHAVEZ, ROSANNA E. NAME 2.2 NAME 200 NW 151 AVE STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE ☐ Change ☐ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST ZIF 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 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 suppliemental 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 receivor 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 a vertical statutes.

\*\*Table 1.\*\*

\*\*Table 2.\*\*

\*\*Table 3.\*\*

SIGNATURE:

305 948-9460

**FILED** 

Apr 08 1998 8:00am

Secretary of State