FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M38886** **(1)**

1. Corporation Name
RENAISSANCE TRAVEL, INC.

Principal Place of Business	Mailing Address
1601 N. PALM AVE. SUITE 114 PEMBROKE PINES FL 33026-3240	1601 N. PALM AVE. SUITE 114 PEMBROKE PINES FL 33026-3240

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/23/1986**
3a. Date of Last Report: **05/23/1994**

2. Principal Place of Business	2a. Mailing Address
21 828 Neapolitan Way	26 828 Neapolitan Way
Suite, Apt. #, etc. 22 Suite 301	Suite, Apt. #, etc. 27 Suite 301
City & State 23 Naples FL	City & State 28 Naples, FL.
Zip / Country 24 33940 / 25 Collier	Zip / Country 29 33940 / 30 Collier

4. FEI Number: **59-2723364** ☐ 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

9. Name and Address of Current Registered Agent

LATONA, RANDALL J.
1601 N PALM AVE STE 114
PEMBROKE PINES 33026

10. Name and Address of New Registered Agent

81 Name: Latona, Randall J.
82 Street Address (P.O. Box Number is Not Acceptable): 828 Neapolitan Way
83 Suite 301
84 City: Naples, FL **FL** 85 Zip Code: 33940

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 _____ Randall J. Latona 4-20-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	PVT D ☑ Change ☐ Addition
NAME	LATONA, RANDALL J.	12 NAME	Latona, Randall J.
STREET ADDRESS	1601 N. PALM AVE. #114	13 STREET ADDRESS	828 Neapolitan Way STE 301
CITY-ST-ZIP	PEMBROKE PINES FL	14 CITY-ST-ZIP	Naples, FL. 33940
TITLE	S	21 TITLE	S ☑ Change ☐ Addition
NAME	LATONA, LISA	22 NAME	Latona, Lisa A.
STREET ADDRESS	1601 N. PALM AVE #114	23 STREET ADDRESS	828 Neapolitan Way STE 301
CITY-ST-ZIP	PEMBROKE PINES FL	24 CITY-ST-ZIP	Naples, FL. 33940
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ 4-20-95 813-594-3119
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

COMMON CP