

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER W. MATHIAS
Secretary of State

APPROVED
AND
FILED

DOCUMENT # **M43030**

(9)

5 MAY 11 11 18:15

AMERICA TRAVELMART INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office (Mailing Address)
104 SW 13 ST
9100 S. DADELAND BLVD., SUITE 1406
MIAMI FL 33130
US

Main Office
104 SW 13 ST
9100 S. DADELAND BLVD., SUITE 1406
MIAMI FL 33130
US

PLEASE WRITE IN THIS SPACE

2. Principal Office (Mailing Address)
21 2150 NW 93 Ave. 26 2150 NW 93 Ave.
22 27
23 MIAMI, FLORIDA 28 MIAMI, FLORIDA
24 33172 25 Dade 29 33172 30 Dade

3. Date incorporated or organized 12/11/1986 3a. Date of last report 05/01/1994
4. FIC Number 59-2743328
5. Certificate of Status (Required) \$8.75 Additional Fee Required
6. Director Campaign Financing (Trust Fund Contribution) \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 193 (F.S.) Florida Statute. Yes No

9. Name and Address of Current Registered Agent
FREEMAN, PAUL H.
9100 S. DADELAND BLVD.
SUITE 1406
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number or Not Applicable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 602 (b)(2) and 602 (1)(b)(4) Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office to the address listed on this report as 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 a resident of Florida.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGEABLE OFFICERS AND DIRECTORS	
NAME	PD TERAN, RENE 104 S.W. 13TH ST. MIAMI FL	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 ISLAND DRIVE KEY BISCAYNE, FL. 33149
NAME	AS FREEMAN, PAUL 9100 S. DADELAND BLVD. MIAMI FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD NOGUEIRA, EDUARDO 10135 SW 132 CT MIAMI FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S TERAN, ROSSANA 104 S.W. 13TH ST. MIAMI FL	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 ISLAND DRIVE KEY BISCAYNE, FL. 33149
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption of late filing fees under Florida Statutes. I further certify that the information contained in this report is a true and correct report of the corporation and that my signature shall have the same legal effect as if made under oath. I am a resident of Florida and I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

SIGNATURE: RENE TERAN PD 5/8/95 (301) 992-0111
SIGNATURE AND TYPED OR PRINTED NAME BY DRIVING OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M43106** (7)

1. Corporation Name

FINANCIAL MANAGEMENT & TAX SERVICES, INC.

Principal Place of Business

7464 WENTWORTH DRIVE
LAKE WORTH FL 33467

Mailing Address

7464 WENTWORTH DRIVE
LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/12/1986** 3a. Date of Last Report **02/10/1994**

4. FEI Number **59-2769097** 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 § 199.031 Florida Statutes Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

24

COUNTRY

29

COUNTRY

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOSHOR, JEFFREY S.
7464 WENTWORTH DRIVE
LAKE WORTH FL 33467

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 of person filing this report with the corporation)

(Signature of registered agent or registered agent nominee)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DP	DP
NAME	HOSHOR, JEFFREY S
STREET ADDRESS	7464 WENTWORTH DRIVE
CITY, ST, ZIP	LAKE WORTH FL
DP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
DP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
DP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
DP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. 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 119.02(4)(a), 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. 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 as an attachment with an address.

SIGNATURE:

Jeffrey S. Hoshor JEFFREY S. HOSHOR S/HOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number