

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M43030** (9)

1. Corporation Name:
AMERICA TRAVELMART INC.



Principal Place of Business / Mailing Address:
**2150 NW 93 AVE.
MIAMI FL 33172
US**

2. Principal Place of Business / 2a. Mailing Address:
21. State, Apt. #, etc. / 26. State, Apt. #, etc.
22. City, & State / 27. City, & State
23. Zip / 28. Zip
24. Country / 29. Country / 30. Country

3. Date Incorporated or Qualified: **12/11/1986**
3a. Date of Last Report: **05/11/1995**
4. FEI Number: **59-2743328**
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

**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 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD TERAN, RENE 400 ISLAND DRIVE KEY BISCAYNE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS FREEMAN, PAUL 9100 S. DADELAND BLVD. MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD NOGUEIRA, EDUARDO 10135 SW 132 CT MIAMI FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S TERAN, ROSSANA 400 ISLAND DRIVE KEY BISCAYNE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 affidavit.

SIGNATURE: *[Signature]* **Edwards Nogueira** FEB 6/96 305-593-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)