

**FILED**

**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90021 002 \*\*\*150.00

643999

DOCUMENT # M57510

1. Entity Name  
M.D.L. TRAVEL, INC.

Principal Place of Business  
5555 HOLLYWOOD BLVD  
HOLLYWOOD FL 33021

Mailing Address  
5555 HOLLYWOOD BLVD  
HOLLYWOOD FL 33021

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
59-2839765

Applied For  
Not Applicable

5. Certificate of Status Desired

Additional Fee Required  
\$8.75

6. Name and Address of Current Registered Agent  
KASKY, ROBERT A.  
2021 TYLER ST  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent  
Name  
MARIE DE LISA  
Street Address (P.O. Box Number is Not Acceptable)  
7513 SW 28 ST.  
City  
DAVIE FL Zip Code  
33314

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  
Marie De Lisa  
Signature, typed or printed name of registered agent and title if applicable.  
DATE  
4-17-01  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.  
\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PST  
DELISA, MARIE  
5555 HOLLYWOOD BLVD  
HOLLYWOOD FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
DELISA, MARIE  
5555 HOLLYWOOD BLVD  
HOLLYWOOD FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

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CITY - ST - ZIP

Delete

TITLE  
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CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change Addition

TITLE  
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CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie De Lisa (Pres.) MARIE DELISA 4-17-01 (954) 983-0017  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #