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FILED
Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # M99707 (5)
 1. Corporation Name
TOTAL TRAVEL ENTERPRISES, INC.



Principal Place of Business: **321 MIRACLE MILE - CORAL GABLES FL 33134**
 Mailing Address: **321 MIRACLE MILE CORAL GABLES FL 33134-5819**

3. Date Incorporated or Qualified: **09/22/1988** 3a. Date of Last Report: **01/24/1996**

2. Principal Place of Business: **21 4770 BISCAYNE BLVD. SUITE 770 MIAMI, FL 33137 USA**
 2a. Mailing Address: **26 4770 BISCAYNE BLVD SUITE 770 MIAMI, FL 33137 USA**

4. FEI Number: **65-0077370**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**ROBERTS, NORMAN T.
 50 WEST MASHTA DRIVE
 SUITE 2
 KEY BISCAYNE FL 33149**

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

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	SEGALLA, KAREN
STREET ADDRESS	155 OCEAN LANE DRIVE
CITY - ST - ZIP	KEY BISCAYNE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CERULLO, LUCY
STREET ADDRESS	255 SUNRISE DRIVE
CITY - ST - ZIP	KEY BISCAYNE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SEGALLA, LMO
STREET ADDRESS	24 IRVING AVENUE
CITY - ST - ZIP	ENGLEWOOD CLIFFS NJ
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHIBUOLA, UBOLDO
STREET ADDRESS	7420 S.W. 172ND STREET
CITY - ST - ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHIBUOLA, KATHI
STREET ADDRESS	7420 S.W. 172ND STREET
CITY - ST - ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	200 OCEAN LANE DRIVE
24 CITY - ST - ZIP	KEY BISCAYNE, FL. 33149
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SCHIBUOLA, UBALDO
43 STREET ADDRESS	3802 NE 207th St.
44 CITY - ST - ZIP	MIAMI, FL. 33180
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	3802 N.E. 207th St.
54 CITY - ST - ZIP	MIAMI, FL. 33180
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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 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: *Karen E. Segalla* **KAREN E. SEGALLA** 1/14/97 305.573.2929
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

CR2E034 (9/96)