


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90027 032 ****69.00

DOCUMENT # N20451 1. Entity Name S.A.T.A. - SOUTH & CENTRAL AMERICAN TRAVEL ASSOCIATION, INC.					
Principal Place of Business 13171 SW 20TH STREET MIAMI, FL 33175			Mailing Address 13171 SW 20TH STREET MIAMI, FL 33175		
2. Principal Place of Business 12430 SW 195 Terrace Suite, Apt. #, etc.			3. Mailing Address P.O. Box 590864 Suite, Apt. #, etc.		
City & State Miami, FL			City & State Miami, FL		
Zip 33177		Country USA		Zip 33159	
Country USA		4. FEI Number 65-0016302			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BRODIE, SIDNEY Z ESQ 7270 NW 12TH STREET, PH-1 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BERK, ANNIE 13171 SW 20 STREET MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TARAMONA, DANIEL 13171 SW 20TH STREET MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEYSER, JAWDYNE 13171 SW 20TH STREET MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENAHM, NOEMI 13171 SW 20TH STREET MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, FLORIANA 13171 SW 20TH STREET MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAMARGO, FLOR 13171 SW 20TH ST MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Daniel Taramona 12430 SW 195 Terr MIAMI, FL 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAWAYNE Keyser 12430 S.W. 195 Terr MIAMI, FL 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLORIANA MARTINEZ 12430 S.W. 195 Terr MIAMI, FL 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAJ SANGHARAJA 12430 S.W. 195 Terr MIAMI, FL 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lizette Gutierrez 12430 S.W. 195 Terr MIAMI, FL 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dulce Rovira 12430 S.W. 195 Terr. MIAMI, FL 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Dulce Rovira</u> 4-1-04 (305) 505-9195 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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