

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46090 (9)

1. Corporation Name

TICKETS TO PARADISE, INC.

Principal Place of Business

Mailing Address

% LEISURE MANAGEMENT MIAMI, INC.
721 NW 1ST AVE.
MIAMI FL 33136701 ARENA BLVD
MIAMI FL 33136-4102

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/18/1991

3a. Date of Last Report

06/05/1996

4. FEI Number

65-0311686

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

Richard E. Friend, P.A.

82

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

55 Arvida Parkway

83

City

Coral Gables

84

City

FL

85

Zip Code

33156

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME FRANKLIN, ROBERT A.
STREET ADDRESS % 721 NW 1ST AVE.
CITY-ST-ZIP MIAMI FLTITLE DT ☐ DELETE
NAME MARRERO, MANUEL
STREET ADDRESS 701 BRICKELL AVE., #2250
CITY-ST-ZIP MIAMI FLTITLE DS ☐ DELETE
NAME FRIEND, RICHARD E.
STREET ADDRESS % 201 ALHAMBRA CR, #1200
CITY-ST-ZIP CORAL GABLES FLTITLE D ☐ DELETE
NAME NANCY G. DOYLE
STREET ADDRESS 701 ARENA BLVD.
CITY-ST-ZIP MIAMI FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Friend, Richard E.
3.3 STREET ADDRESS 55 ARVIDA PARKWAY
3.4 CITY-ST-ZIP CORAL GABLES, FL 331564.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy G. Doyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-97 (305) 590-4400

Date

Daytime Phone # 0029166

CR2E037 (9/96)