

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90290 023 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N98000006765

1. Corporation Name
FLORIDA ASSOCIATION OF TRAVEL AGENTS, INC.

* 5 6 1 2 3 6 *

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| Principal Place of Business 25 S.E. SECOND AVENUE SUITE 1235 MIAMI FL 33131 | Mailing Address 25 S.E. SECOND AVENUE SUITE 1235 MIAMI FL 33131 |
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|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 12/01/1998 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 65-0828582 Applied For Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 8. Name and Address of Current Registered Agent SANTOS, MAURO C 25 S.E. SECOND AVENUE SUITE 1235 MIAMI FL 33131 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALDI, ROSALIA | 1.2 NAME | |
| STREET ADDRESS | TRANSMARES TRAVEL 200 S.E. 1ST ST. #508 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALAS, GYORY | 2.2 NAME | |
| STREET ADDRESS | NEW PORT TOURS, INC. 150 S.W. 2ND ST #1108 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAGALHAES, CARLA | 3.2 NAME | |
| STREET ADDRESS | NEW PORT TOURS 115 S.W. 2ND ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NUNES, ANDRE | 4.2 NAME | |
| STREET ADDRESS | DUMONDE TRAVEL 168 S.E. 1ST ST. #1103 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUES, TONY | 5.2 NAME | |
| STREET ADDRESS | BRAZILIAN WAVE TOURS 1881 N.W. 26TH ST 70A | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33305 | 5.4 CITY-ST-ZIP | |
| TITLE | O <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANTOS, FRED | 6.2 NAME | |
| STREET ADDRESS | FREDSON TRAVEL 100 N. BISCAYNE BLVD. #701 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33132 | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ Date: 4/26/99 Daytime Phone # _____

CR2E037 (1/198)