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07 30 2004 Date Daytime Phone #

	PLEAS	SE READ A	LL INST	RUCTI	ONS I	BEFORE	COMPLET	ING T	HIS FORM	/I.	0
	PORATION STATEMENT		8	DEPART Secretary SION OF CO	of Sta		:	04 _SEC	AUG 16	ED AM 9: 1	9
DOCU	JMENT # P	020001	1953	2				IALL	CRETARY C AHASSEE	, FLORID	Ā
Com	municati	on \$ TV	avel	Serv	ices	,Inc					
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2. Principa	l Office Address		3. Mailing O						əpan niəl	0.057 ~	0 011
	SW 109th	Ave.	516 S Suite, Apt. #,		yam	Ave.		AITE	reme		クークフ
Suite, Apt. #	, e(C.		Suite, Apr. #,	etc.			4. Date Inco			107	1
City & State			City & State	. 1			5. FEI Numb	siness in Fl	orida	1/0/	2002 Applied For
<u> î</u> wee	twater, F	<u>L</u>	Swee.	twat	Country	<u> </u>	03-	0494	1662	⊢ +	Not Applicable
<u> 331</u>	1 -		3317	4	Country		G. CERTIFICA	TE OF STATI	JS DESIRED 🔲		nal Fee required cate of Status
			7. N	ame and A	ddress of	Current Regis	tered Agent	<u> </u>			
	Name BERI	VARE	BEL1	72AN	J						:
I	Street Address (P.O. Box Number is Not Acceptable) 510 SW 109th Ave.									-	
:	Suite, Apt. #, Etc.	311 10) 1/4	<u>. </u>							1
	city Sweet	water						State FL	Zip Code	 4	1
8. I, being	appointed the registered	agent of the above	named corpo	ration, am fi	amiliar with	and accept the	e obligations of sec	tion 607.05	05 or 617.0503, F	\$.	
Signature of Registered		1000 J	ON AGE	ENT MUST	SIGN			Date	07/30) 20	04_
9. Names	and Street Addresses o	f Each Officer and/	or Director (Flo	rida nonpro	fit corpora	tions must list a	t least 3 directors)	- T			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip				
PD	BERNABI	BELTE	LAN	516	Sw	109th	Ave.	SW	<u>ctwat</u>	<u>cr.fl</u>	_ 33174
٧D	CARMEN	k. 500	SA.	516	SW	109th	Ave	Swe	etwate	r,FL	33174
				~~~				<u> </u>		<del>,</del>	
		·			_		08/2	3/04	라이라곤 -010570	07 **3	00.00
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this rei	that I am an officer or dinstatement application, to	he reason for disso een paid and the na	lution has beer ames of individ	eliminated, uals listed o	the corpo	rate name satis: i do not quality t	fies the requirement for an exemption ur	ts of section	607.0401 or 617	7.0401, F.S., ti	hat all fees
on this	application is true and a	ccurate, and my sig	nature shall ha	ve the same	e legal effe	ct as if made ur	nder oath.				

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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May 25, 2004

Division of Corporations P. O. BOX 1500 Tallahassee, FL 32302

RE: Communication & Travel Services, Inc

Dear Sir/ Madam:

As instructed by one of the division's agent, Lam sending this letter to explain the reason for waiving the late fee. Our office has not received the annual report mailed by your office to renew the corporation mentioned above. Please note our address in your records to confirm that it is correct. We have enclosed a check for \$ 300.00 that includes the yearly fee of \$150.00 for the years of 2003 and 2004.

I kindly ask of you to waive the current penalties pending on the corporation. Should you have any questions regarding the foregoing, please contact the undersigned.

P02022/19572

Sincerely,

Bernabe Beltran

President

Communication & Travel Services, Inc.

516 SW 109th Ave.

Sweetwater, FL 33174