

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P28437** (2)
1. Corporation Name
ALPHA TRAVEL SOUTH, INC.



Principal Place of Business: **100 W. CYPRESS CREEK ROAD SUITE 815 FT. LAUDERDALE FL 33309**
Mailing Address: **100 W. CYPRESS CREEK ROAD SUITE 815 FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified 03/06/1990	3a. Date of Last Report 03/20/1995
4. FEI Number 95-3034524	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
25	26	27	28
29	30		

9. Name and Address of Current Registered Agent

**BUONAROTTI, MARGUERITE
101 W CYPRESS CREEK ROAD
SUITE 815
FORT LAUDERDALE FL 33309**

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 _____ DATE _____
Signature, typed or printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUONAROTTI, MARGUERITE	1.2 NAME	
STREET ADDRESS	100 W. CYPRESS CREEK RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGEL, STEPHEN	2.2 NAME	
STREET ADDRESS	101 HUDSON ST 24TH FLOOR	2.3 STREET ADDRESS	
CITY - ST - ZIP	JERSEY CITY NJ	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERASKIEWICZ, EDWARD	3.2 NAME	
STREET ADDRESS	101 HUDSON ST 24TH FLOOR	3.3 STREET ADDRESS	
CITY - ST - ZIP	JERSEY CITY NY	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERASKIEWICZ, MARIE ELENA	4.2 NAME	
STREET ADDRESS	101 HUDSON ST 24TH FLOOR	4.3 STREET ADDRESS	
CITY - ST - ZIP	JERSEY CITY NJ	4.4 CITY - ST - ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, TIM	5.2 NAME	
STREET ADDRESS	101 HUDSON ST 24TH FLOOR	5.3 STREET ADDRESS	
CITY - ST - ZIP	JERSEY CITY NJ	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/31/96** DAYTIME PHONE: **954-492-9990**
Signature and typed or printed name of signing officer or director

CR2E034 (12/95)