


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 03 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P28437 (2)**

1. Corporation Name  
**ALPHA TRAVEL SOUTH, INC.**



Principal Place of Business <b>100 W. CYPRESS CREEK ROAD                  SUITE 815                  FT. LAUDERDALE FL 33309</b>	Mailing Address <b>100 W. CYPRESS CREEK ROAD                  SUITE 815                  FT. LAUDERDALE FL 33309</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>03/06/1990</b>	
<b>4.</b> FEI Number <b>95-3034524</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**BUONAROTTI, MARGUERITE  
 100 W CYPRESS CREEK RD  
 SUITE 815  
 FORT LAUDERDALE FL 33309**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	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	<del>D</del> KILLEEN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLEEN, JAMES	2.2 NAME	
STREET ADDRESS	101 HUDSON ST 24TH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	2.4 CITY-ST-ZIP	
TITLE	<del>D</del>	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	<del>CFOT</del>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTI, PAUL	4.2 NAME	
STREET ADDRESS	101 HUDSON ST 24TH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	4.4 CITY-ST-ZIP	
TITLE	<del>CD</del>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTTER, DAVID	5.2 NAME	
STREET ADDRESS	101 HUDSON ST 24TH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	5.4 CITY-ST-ZIP	
TITLE	<del>S</del>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHIAVO, LAURIE	6.2 NAME	
STREET ADDRESS	101 HUDSON ST 24TH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	6.4 CITY-ST-ZIP	

**Jeffrey BANDMAN**  
 secy  
 101 Hudson St 24th Fl  
 Jersey City NJ

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 if change of or an attachment with an address.

SIGNATURE: *Marguerite Buonarotti* 3/31/98 95-3034524-9990

CR2E034 (10/97)