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FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P92000002299 (5)

1. Corporation Name

ALL TRAVEL NETWORK, INC.

Principal Place of Business

Mailing Address

20804 BISCAYNE BLVD
STE 302
N MIAMI BEACH FL 33180
US

20804 BISCAYNE BLVD
STE 302
N MIAMI BEACH FL 33180
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

10/30/1992

4. FEI Number

65-0363908

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERMAN, JEFFREY M

~~500 EAST BROWARD BLVD 17TH FLOOR~~
~~SUITE 810~~
~~FT LAUDERDALE FL 33494~~

ADDRESS CHANGE
ONLY

81 Name

JEFFREY M. HERMAN

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

21301 N.E. 19 AVENUE

83

84 City

NO. MIAMI BEACH

FL

85 Zip Code

33179

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

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 PD ☐ DELETE

NAME HERMAN, BARBARA E
STREET ADDRESS 20804 BISCAYNE BLVD
CITY-ST-ZIP N MIAMI BEACH FL

TITLE D ☐ DELETE

NAME HERMAN, HARLAN M
STREET ADDRESS 20804 BISCAYNE BLVD
CITY-ST-ZIP N MIAMI BEACH FL

TITLE VSTD ☐ DELETE

NAME ROSENBAUM, BERTA
STREET ADDRESS 20804 BISCAYNE BLVD
CITY-ST-ZIP N MIAMI BEACH FL

TITLE D ☐ DELETE

NAME ROSENBAUM, ABRAHAM
STREET ADDRESS 20804 BISCAYNE BLVD
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ 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-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HERMAN, JEFFREY M - HARLAN M HERMAN DIRECTOR 1/25/98 305-995-6622

CR2E034 (10/97)