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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200002299

1. Corporation ALL TRA	VEL NETWORK, INC.	,00 <u>,</u> 2200						
Principal Place of Business Mailing Address							%1 68456 11818 11816 1	
20804 BISCAYNE BLVD 20804 BISCAYNE BLVD								
STE 302 STE 302						DO NOT WRITE IN TH	HS SPACE	
N MIAMI BEACH FL 33180 N MIAMI BEACH FL 33180 US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
		00				10/30/1992		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Apr	plied For
21	26					65-0363908		t Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	dditional
22	27					5. Certificate of Status Desired	Fee Red	quired
City & State	City & State City & State					6. Election Campaign Financing	\$5.00 i Added to	- 1
23	p Country Zip Co					Trust Fund Contribution		0 1662
Zip	25 29 30					This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Curre	11	<u> </u>			10. Name and Address of New Registere		.———
	S. Harris and Francisco C. Carrie		81	Nam	e			-
HERMAN, JEFFREY M				Ctros	4 Addro	one (D.O. Boy Number is Not Assentable)		
21301 N.E. 19 AVE			82	Stree	et Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 910			83					. 13
N MIAMI BEACH FL 33179			-	City			. 85 Zip C	odo.
			84	City		F	L 85 Zip C	2008
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 AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	HERMAN, BARBARA E		1.2 NAME					
STREET ADDRESS	ss 20804 BISCAYNE BLVD 1.3		1.3 STREET	1.3 STREET ADDRESS				Ì
CITY-ST-ZIP			1.4 CITY-S	1.4 CITY-ST-ZIP				
TITLE	D DELETE 2.1		2.1 TITLE				☐ Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	2.3 STREET ADDRESS				1
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP			Change	Addition
TITLE	voins		3.1 TITLE				Criange	
NAME 112	TOOLING ON, DETTY		3.2 NAME					
STREET ADDRESS	75		3.3 STREET		SS		•	
CITY-ST-ZIP	N MIAMI BEACH FL	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		+		☐ Change	Addition
TITLE	D Rosenbaum, Abraham		4.1 TITLE 4.2 NAME					
NAME	20804 BISCAYNE BLVD		4.2 NAME 4.3 STREET	LADDEC		•		
STREET ADDRESS	N MIAMI BEACH FL				~			{
CITY-ST-ZIP TITLE	IN MANNI DEACH FL	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		+		☐ Change	Addition
NAME			5.2 NAME					_ "
STREET ADDRESS			5.3 STREET	ADDRES	ss			
CITY-ST-ZIP				5.4 CITY-ST-ZIP				
TITLE		☐ DELETE 6.1					Change	Addition
AIAME			62 NAME					}

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90027 012 ***150.00