

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000002606

1. Corporation Name

OTA Travel Guide Service, Inc.

Principal Place of Business

Mailing Address

18915 S.W. 95 Avenue
Miami, FL 33157

18915 S.W. 95 Avenue
Miami, FL 33157

3. Date Incorporated or Qualified
10/28/92

3a. Date of Last Report
1996

4. FEI Number

65-0377981

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Rhodes, Aiko O.
18915 S.W. 95 Avenue
Miami, FL 33157

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

(Signature of agent or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME ☐ DELETE

13.1 TITLE ☐ Change ☐ Addition

NAME
Rhodes, Aiko O.
STREET ADDRESS
18915 S.W. 95 Avenue
CITY, ST, ZIP
Miami, FL 33157

12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

13.2 NAME ☐ Change ☐ Addition

12.1 NAME ☐ DELETE

12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

13.3 NAME ☐ Change ☐ Addition

12.1 NAME ☐ DELETE

12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

13.4 NAME ☐ Change ☐ Addition

12.1 NAME ☐ DELETE

12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

13.5 NAME ☐ Change ☐ Addition

12.1 NAME ☐ DELETE

12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

13.6 NAME ☐ Change ☐ Addition

12.1 NAME ☐ DELETE

12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

13.7 NAME ☐ Change ☐ Addition

12.1 NAME ☐ DELETE

12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

500002175825
-05/13/97--01003--012
***165.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Aiko Rhodes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
AIKO O Rhodes President

4/26/97

235-3852

CR2E034 (9/96)