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PROFIT CORPORATION ANNUAL REPORT

1999

HI-TECH TRAVEL, INC.

1. Corporation Name



DOCUMENT # P9200006347

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90172 006 ***150.00

Principal Plac	e of Business	Mailing Address						
9900 STRILING	RD.	9900 STRILING RD.						
SUITE #206- COOPER CITY FL 33024		SUITE #206 COOPER CITY FL 33024		DO NOT WRITE IN THIS SPACE				
US		US		3. Date Incorporated or Qualifed				
00					11/17/1992	S. QUANTO		
2 Principal D	Place of Business	2a. Mailing Address			4. FEI Number			App ied For
	race of business	26			65-0365830			Not Applicable
Suite, Apt.	# ote	Suite, Apt. #, etc.					\$8.75	Additional
22 Suite \$	* 775	27 Suite # 3	225		5. Certificate of Statu	s Desired [Required
City & S:at		City & State			6. Electio : Campaign	n Financino -	_ \$5.0	0 May Be
23		28			Trust Fund Contril	- 1	1	d to Fees
Zip	Country	Zip	Country	,	8. This corporation of	wes the current	vear Intangible	
24	25	29	30		Personal Property		Yes	[∃No
24	9. Name and Address of Currer		1		10. Name and Addre		jistered Agent	
			81	Name	<u> </u>			
	ienbaum, Howard				drage /D.O. Rev. Niverb	Aint Annautati	<u> </u>	
3563	3 LINCOLN WAY		82	Street Ac	dress (P.O. Box Number is	Not Acceptable	e)	
COC	OPER CITY FL 33026		83					
			84	City			FL 85 Zi	p Code
44 0	to the provisions of Sections 607.050	32 and 607 1508. Florida Statut	es the abov	e-named co	rnoration submits this state	ment for the pu	rnose of changing	its registered
office cri	registe ant me ent or both in the State.	.cf Florida. Such change was a	uthorized by	the comora	tion's board of directors.	nereby accept the	he aprointment as	reg stered
agent. ∣a	ar familiar with and accept the obliga	ations of, Section 607.0505, Flo	rida Statutes	3.			11 2200	
SIGNATURE	11/1/11/1/2 -						ムーノスロツ	I
			5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				DATE	
	Signature, typed or printed name of registered age			nt signature requ	red when reinstating)	GES TO DEEK	DATE AND DIRECT	 TOES IN 12
12.	Signature, typed or printed ha ne of registered age OFFICERS AN	NI) DIRECTORS	13.	nt signature requ	ADDITK)NS/CHAN	GES TO OFFIC		
12.	Signature, typed or printed hand of registered age OFFICERS AN		13. 1.1 TITLE	nt signature requ		GES TO OFFIC	DATE CERS AND DIRECT	
12. TITLE NAME	Signature, typed or printed ha ne of registered age OFFICERS AN P TANENBAUM, HOWARD	NI) DIRECTORS	13. 1.1 TITLE 12 NAME			GES TO OFFIC		
12. TILE	P TANENBAUM, HOWARD 3563 LINCOLN WAY	NI) DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREE	T ADDRESS		GES TO OFFIC		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed ha ne of registered age OFFICERS AN P TANENBAUM, HOWARD	NI) DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREE 14 CITY-S	T ADDRESS		GES TO OFFIC	☐ Chang	e Addition
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14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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 changes; op an attacliment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR