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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16 1998 8:00am Secretary of State

DOCUMENT 1. Corporation Name URAVEL MANAGE Principal Place of Busines 2910 TREVI CT. SUITE-201 KISSIMMEE FL 34746 US	GEMENT, INC.	Mailing Addre 2910 TREVI C KISSIMMEE FI US	ss T.			DO NOT WRITE IN THE 3. Date incorporated or Qualified 12/28/1992		
2. Principal Place of Busi	noss	2a. Mailing Ad	dress			4. FEI Number	I A	pplied For
21	26				65-0378485	N	ot Applicable	
Suite, Apt. #, etc.	h1	Suite, Apt. #, etc.			5. Certificate of Status Desired	,	Additional equired	
City & State	· / · · · · · · · · · · · · · · · · ·	City & State			6. Election Campaign Financing		May Be	
23	28				Trust Fund Contribution		to Fees	
Zip	Country	Zip		Country		8. This corporation owes or has paid the c		
24	25	29		30		Personal Property Tax due June 30.		□ No
		urrent Registered Agen	<u> </u>	81	Name	10. Name and Address of New Registere	d Agent	
URAGA, FRAI 2910 TREVI C				<u>"</u>				
- SUITE-201			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
KISSIMMEE F			83					
MOOMMICE !	£ 07/70							
				84	City	F	L 85 Zip	Code
SIGNATURE T	ank like	7.0502 and 607.1508, Fic State of Florida, Such ch obligations of, Section 60 ed again and later applicable	FR	ank	URAC	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the statement of the purpose tion's board of directors. I hereby accept the appropriate the statement of the purpose tion's board of the purpose ti	of changing pointment as $\sqrt{3/98}$	its registered s registered
12.		S AND DIRECTORS	(1001)	13.	in signatore requi	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO	RS IN 12
TITLE D -	D - Uraga, Frank		DELETE 1.				☐ Change	Addition
					1			
	STREET ADDRESS 2910 TREVI CT. KISSIMMEE FL.		1.3		ADDRESS			
0111 31 2H	MEE FL		5.5. P.7.	1.4 CITY-S	r-2iP			T Z Gige
TITLE			DELETE 21				Change	☐ Addition
NAME				2 2 NAME				
STREET ADDRESS				2 3 STREET				
CITY-ST-ZIP THLE		,	DELETE	2. 4 CITY - S 3.1 TITLE	1-211		Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-S				
TITLE			DELETE	4 1 TITLE			Change	☐ Addition
NAME				4. 2 NAME	Į			
STREET ADDRESS				4.3 STREET	ADDRESS			i
CITY-ST-ZIP			65. CTC	4.4 CITY-S	·ZIP		[] ()	g andista-
TITLE			DELETE	5.1 TITLE			☐ Change	Addition
NAME				5.2 NAME	Approces			
STREET ADDRESS				5 3 STREET				
TITLE		1	DELETE	5.4 CITY-ST 6.1 TITLE	- LIP		Change	Addition
NAME				62 NAME				
STREET ADORESS				63 STREET	ADDRESS			
CITY-ST-ZIP				64 C/TY-S1	- 1			
14. I hereby certify that the	ie information supplie	ed with this filing does no cental annual report is to	ot qualify for the	he exempt	ion stated in	Section 119.07(3)(i), Florida Statutes. I further ure shall have the same legal effect as if made of	pertify that the	information

on procure an index report is one and accurate and that my signature shall have the same legal effect as it made under oath; that I am a on or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or on an attachment with an address.