

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$375 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:34

DOCUMENT # P93000009868 (9)

1. Corporation Name

WORLDWIDE TRAVEL PARTNERS, INC.

Principal Place of Business

2025 NW 10TH AVENUE  
FT. LAUDERDALE FL 33311

Mailing Address

2025 NW 10TH AVENUE  
FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified

02/01/1993

3a Date of Last Report

08/05/1994

4 FLS Number

65-0449292

Agent Fee

Not Applicable

5 Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6 Certificate of Status Desired

☐

\$5.00 May Be  
Added to Fees

7 This corporation has liability for extension tax under s. 199.012

Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 State, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 6830 Indian Creek Drive

27 State, Apt. #, etc

27 #803

28 City & State

28 Miami Beach

29 Zip

29 FL 33141

30 Country

9. Name and Address of Current Registered Agent

MILLS, CASEY W  
600 SOUTH ANDREWS AVENUE  
SUITE 600  
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

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

83 City

84 State

85 Zip Code

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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent and the Corporation

Signature of New Registered Agent and the Corporation

DATE

12. OFFICERS AND DIRECTORS

|                      |                         |
|----------------------|-------------------------|
| 12.1 TITLE           | PD                      |
| 12.2 NAME            | RONDON, SUSAN E         |
| 12.3 STREET ADDRESS  | 2025 NW 10TH AVENUE     |
| 12.4 CITY, ST, ZIP   | FT. LAUDERDALE FL 33311 |
| 12.5 TITLE           | VD                      |
| 12.6 NAME            | ALARDS, MARIA           |
| 12.7 STREET ADDRESS  | 2025 NW 10TH AVENUE     |
| 12.8 CITY, ST, ZIP   | FT. LAUDERDALE FL 33311 |
| 12.9 TITLE           |                         |
| 12.10 NAME           |                         |
| 12.11 STREET ADDRESS |                         |
| 12.12 CITY, ST, ZIP  |                         |
| 12.13 TITLE          |                         |
| 12.14 NAME           |                         |
| 12.15 STREET ADDRESS |                         |
| 12.16 CITY, ST, ZIP  |                         |
| 12.17 TITLE          |                         |
| 12.18 NAME           |                         |
| 12.19 STREET ADDRESS |                         |
| 12.20 CITY, ST, ZIP  |                         |

|                      |                              |                                                                              |
|----------------------|------------------------------|------------------------------------------------------------------------------|
| 13.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13.2 NAME            |                              |                                                                              |
| 13.3 STREET ADDRESS  |                              |                                                                              |
| 13.4 CITY, ST, ZIP   |                              |                                                                              |
| 13.5 TITLE           | VB                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME            | ALARDS, MARIA                |                                                                              |
| 13.7 STREET ADDRESS  | 6830 Indian Creek Drive #803 |                                                                              |
| 13.8 CITY, ST, ZIP   | Miami Beach, FL 33141        |                                                                              |
| 13.9 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13.10 NAME           |                              |                                                                              |
| 13.11 STREET ADDRESS |                              |                                                                              |
| 13.12 CITY, ST, ZIP  |                              |                                                                              |
| 13.13 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13.14 NAME           |                              |                                                                              |
| 13.15 STREET ADDRESS |                              |                                                                              |
| 13.16 CITY, ST, ZIP  |                              |                                                                              |
| 13.17 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13.18 NAME           |                              |                                                                              |
| 13.19 STREET ADDRESS |                              |                                                                              |
| 13.20 CITY, ST, ZIP  |                              |                                                                              |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this form 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 a duly authorized person 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 a list of persons authorized to execute this report.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/26/95

(305) 463 7666