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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 3:45

DOCUMENT # **P93000016598 (3)**

1. Corporation Name
INTERNATIONAL RESERVATIONS SYSTEMS, INC.

Principal Place of Business	Mailing Address
% PENINSULA REGISTERED AGENTS INC ~~800 SE FIRST ST. PENTHOUSE~~ MIAMI FL 33131	% PENINSULA REGISTERED AGENTS INC 200 SE FIRST ST. PENTHOUSE MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1993
3a. Date of Last Report: 10/07/1994

2. Principal Place of Business	2a. Mailing Address
21 200 S. Biscayne Blvd.	26 200 S. Biscayne Blvd.
Suite, Apt. #, etc. 22 Ste 4800	Suite, Apt. #, etc. 27 Ste 4800
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0398880 ☐ 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 unpaid tax under § 199.052 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PENINSULA REGISTERED AGENTS INC ~~PENTHOUSE/ATICO FINANCIAL CTR~~ ~~200 SE FIRST ST~~ MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Boulevard 83 Ste 4900 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: (Typed or printed name of registered agent and title if agent is a corporation) (If agent is a corporation, agent must also sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DPS	11 TITLE	☒ Change ☐ Addition
NAME	DAVIS, LUIS A	12 NAME	
STREET ADDRESS	~~C/O 200 S.E. FIRST STREET~~	13 STREET ADDRESS	200 S. Biscayne Blvd. (#4800)
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	33131
TITLE	ATF	21 TITLE	☐ Change ☐ Addition
NAME	GRAY, CYNTHIA M	22 NAME	
STREET ADDRESS	C/O 240 CRANDON BLVD, STE 115	23 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	24 CITY-ST-ZIP	33149
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07, Florida Statutes. I/We 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: Cynthia M Gray Feb 21, 1995 (305) 361-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0131463 CP