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

FILED
Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P93000016598 (3)**

1. Corporation Name
**INTERNATIONAL RESERVATIONS SYSTEMS, INC.**

Principal Place of Business
**% PENINSULA REGISTERED AGENTS INC**
**200 S. BISCAYNE BLVD. STE 4800**
**MIAMI FL 33131**
**US**

Mailing Address
**% PENINSULA REGISTERED AGENTS INC**
**200 S. BISCAYNE BLVD. STE 4800**
**MIAMI FL 33131-2310**
**US**

3. Date Incorporated or Qualified: **03/01/1993**
3a. Date of Last Report: **06/21/1996**

2. Principal Place of Business (21) / Suite, Apt. # etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. # etc. (27): **#4874** / City & State (28) / Zip (29) / Country (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 intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

**PENINSULA REGISTERED AGENTS INC**
**200 S. BISCAYNE BOULEVARD**
~~**STE 4800**~~ **4874**
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

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(S) (NOTE: Registered Agent signature required when reinstating) DATE

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

CR2E034 (9/96)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 changed or added to the report.

**SIGNATURE:** Cynthia M. Gray — FEB 14, 1997 — (305) 361-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #