FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 28 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000025002 (5)**

1. Corporation Name
ENROUTE HOLIDAYS U.S.A., INC.

Principal Place of Business	Mailing Address
St. Petersburg/Clearwater Airport ~~3000 34 ST. S. SUITE 14 ST. PETERSBURG FL 33711~~ Suite 242A Clearwater, Fl.	St. Petersburg/Clearwater Airport ~~3000 34 ST. S. SUITE 14 ST. PETERSBURG FL 33711~~ Suite 242A

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1993	3a. Date of Last Report: 01/10/1995
4. FEI Number: 59-3230530	Applied For / Not Applicable
5. Certificate of Status Desired: X	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
9. This corporation has liability for intangible tax under F.S. 199.032, Florida Statutes: ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 St. Petersburg/Clearwater Airport	25 St. Petersburg/Clearwater Airport
Suite, Apt. #, etc. 22: 242A	Suite, Apt. #, etc. 27: 242A
City & State 23: Clearwater	City & State 28: Clearwater
Zip 24: 34622-2707 Country 25: U S A.	Zip 29: 34622-2707 Country 30: U S A.

9. Name and Address of Current Registered Agent

NIMAL-WALL, CHERYL
1534 SIMMONS DR.
CLEARWATER FL 34616

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: Cheryl Nimal-Wall — 3-21-95
(Signature must be printed name of registered agent, if applicable) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MENDES, REGINALD	12 NAME	
STREET ADDRESS	554 GORDON BAKER RD, WILLOWDALE	13 STREET ADDRESS	
CITY ST ZIP	ONTARIO, CANADA M3H 3B4	14 CITY ST ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	MAHEU, MAUREEN	22 NAME	
STREET ADDRESS	554 GORDON BAKER RD, WILLOWDALE	23 STREET ADDRESS	
CITY ST ZIP	ONTARIO, CANADA M3H 3B4	24 CITY ST ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Reg Mends. REG MENDES 20/MARCH/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
PRESIDENT.

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