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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000037504 (6)

PA GE TRAVEL, INC.

Principal	Place	οſ	Business

Mailing Address

FILED Apr 21 1997 8:00am Secretary of State



8454 HARDING SURFSIDE FL 3 US		9454 HARDING AVE. Surfside FL 33154-2 US	2804		Date Incorporated or Qualified	3a. Date of Last Report		
					05/21/1993	02/15/1996		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For			
21 26				65-0411126	Not Applicable			
Sulte, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	Cour 	Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	sistered Agent		
	ENGERG & TRAURIG			Name				
1221 BRICKELL AVENUE SUITE 200				82 Street Address (P.O. Box Number is Not Acceptable)				
MIAN	MI FL 33131		1	33				
	•		1	34 City		FL 85 Zip Code		
11. Pursuant t office or re agent. La	to the provisions of Sections 607.6 egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 607.1508, Florida S ate of Florida. Such change o oligations of, Section 607.050	tatules, the aboves authorized 5, Florida Statu	ove-named corpora by the corpora tes.	poration submits this statement for the pution's board of directors. I hereby accep	prose of changing its registered the appointment as registered		
SIGNATURE						· · · · · · · · · · · · · · · · · · ·		
12,	Signature, typed or printed name of registered	agent and title if applicable AND DIRECTORS	(NOTE: Registered	Agont signature requ	ried when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE		
TITLE	D	DELETE		F T	ADDITIONS/CHANGES TO OFFIC	Change Addition		
NAME	GERONYMO, GINE	_	1.2 NAN	16				
STREET ADDRESS	6423 COLLINS AV #1706		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CHY	/- ST-2IP				
TITLE	P	DELETE	2.1 1IIL	F		Change Addition		
NAME .	PATRICK, HUGH C.		2.2 NAN					
STREET ADDRESS	340 NW 145TH ST.			EET ADDRESS				
CITY-ST-ZIP.	MIAMI FL	DELETE		Y-ST-ZIP		Change Addition		
TITLE NAME		[_] Dettat	3.1 HIL 3.2 NAA			Change C Addition		
STREET ADDRESS				EE1 ADDRESS				
CITY-ST-ZIP				Y-\$1-ZIP				
TITLE		DELETE	THE RESERVE THE PERSON NAMED IN COLUMN			Change Addition		
NAME			4. 2 NA	AE .		1		
STREET ADDRESS			4.3 S1K	EE1 ADORESS		}		
CITY-ST-ZIP				'-ST-ZIP				
TITLE		☐ DELETE		İ		Change Addition		
NAME			5.2 NAM	j				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP TITLE		DELETE		'-ST-ZIP		Change Addition		
NAME		בין טנננונ	6.1 HILL			The results The Variation		
STREET ADDRESS				ELT ADDRESS				
CITY-ST-ZIP)	•		'-S1-ZIP				

14. I do hereby certify that the information supply d 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 of 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 Ad poratify of 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 13.1 shang/d or on an attachment with an address.