

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000050722 (6)**

1. Corporation Name
TRAVEL VISION, INC.



Principal Place of Business Mailing Address
8360 WEST FLAGLER ST. #200 MIAMI FL 33144 **8360 WEST FLAGLER ST. #200 MIAMI FL 33144**

3. Date Incorporated or Qualified **07/20/1993** 3a. Date of Last Report **03/13/1995**
4. FEI Number **65-0437413** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **4950 W. Flagler St., #1**
22 City & State 27 **MIAMI - FLORIDA**
23 Zip 28 **33134** Country 29 **DADE**
24 Country 25 **FLORIDA** 30 **DADE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DE VARGONA JOSE R~~
~~8360 WEST FLAGLER ST.~~
~~MIAMI FL 33144~~

81 Name **HECTOR NAVARRETE**
82 Street Address (P.O. Box Number is Not Acceptable) **4950 W. FLAGLER STREET, #1**
83
84 City **MIAMI - FLORIDA** FL 85 Zip Code **33134**

11. Pursuant to Sections 607.02 and 607.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or for the purpose of changing its registered office or registered agent, or for the purpose of changing its registered office or registered agent, or for the purpose of changing its registered office or registered agent. I hereby accept the appointment as registered agent. I am

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NAVARRETE, HECTOR	
STREET ADDRESS	8360 W. FLAGLER ST #200	
CITY - ST - ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	600001741156
5.3 STREET ADDRESS	-03/13/96--01037--021
5.4 CITY - ST - ZIP	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 on an attachment with an address.

SIGNATURE: _____ Date **Jan 24, 1996** (201) 445-1999

CR2E034 (12/95)