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

FILED Mar 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000050722 (6) TRAVEL VISION, INC. Principal Place of Business Mailing Address 8290-WEST FLAGLER ST. 8360-WEST-FLAGLER ST. 4200-#200-DO NOT WRITE IN THIS SPACE MIAMI FL 33144. MIALU EL SSI 44 3. Date Incorporated or Qualified 07/20/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0437413 21 4950 W FLAGLER ST Not Applicable 4950 W FLAGLER ST Suite, Apt. #, etc. # 1 Suite, Apt. #, etc # 1 \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 MIAMI, FL MIAMI, FL Trust Fund Contribution Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 33134 25 USA 29 33134 30 USA Yes ☐ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NAVARRETE, HECTOR R 4950 W. FLAGLER STREET #1 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33134 83 84 City 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 (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition 1.1 TITLE TITLE NAVARRETE, HECTOR 1.2 NAME NAME HECTOR NAVARRETE 8360 W. FLACLER OF #200 1.3 STREET ADDRESS STREET ADDRESS 10211 SW 7TH TERRACE MIAMI FL 83144 CITY-ST-ZIP 14 CITY-ST-ZIP MIAMI, FL 33174-DELETE Change Addition 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELLTE Change Addition 4.1 THLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE 5.2 NAME

14. Thereby 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 trite 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 chapter 607, or an attachment with an address

53 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY - ST - ZIP

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE: HECTOR! NAMBLETE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

Ø2/17/98

(305) 445-1999

Addition

Change