

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 # P93000063375 (8)

1. Corporation Name

AMERICAN TRAVEL AGENTS, INC.



Principal Place of Business

7601 EAST TREASURE DR  
STE 2314  
NORTH BAY VILLAGE FL 33141  
US

Mailing Address

PO BOX 266  
1402 KENNEDY CAUSEWAY.  
N. BAY VILLAGE FL 33141  
US

3. Date Incorporated or Qualified  
09/13/1993

3a. Date of Last Report  
03/27/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ECHVERRIA, INES  
7904 WEST DRIVE  
APT 502  
NORTH BAY VILLAGE FL 33141

81 Name

INES ECHEVERRIA

82 Street Address (P.O. Box Number is Not Acceptable)

7601 EAST TREASURE DR

83

APT # 2314

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CITY NORTH BAY VILLAGE FL

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Zip Code 33141

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, 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

*Ines Echeverria*  
Signature, typed or printed name of registered agent, and title if applicable.

INES ECHEVERRIA - PRESIDENT

February 22, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME P  
STREET ADDRESS ECHEVERRIA, INES  
CITY-STATE-ZIP 7904 WEST DRIVE APT 502  
NORTH BAY VILLAGE FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME P  
1.3 STREET ADDRESS ECHEVERRIA, INES  
1.4 CITY-STATE-ZIP 7601 EAST TREASURE DR, APT. 2314  
NORTH BAY VILLAGE FL 33141

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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: *Ines Echeverria* INES ECHEVERRIA

FEB 22, 1996 (305) 867-0666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)