PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Jun 03 1998 8:00am
Secretary of State

[redacted]

DOCUMENT # P93000063375 (8)

1. Corporation Name
AMERICAN TRAVEL AGENTS, INC.

Principal Place of Business
19195 MYSTIC POINTE DR.
APT. 1703
AVENTURA FL 33180

Mailing Address
19195 MYSTIC POINTE DR.
SUITE 1703
AVENTURA FL 33180

3. Date Incorporated or Qualified: 09/13/1993
3a. Date of Last Report: 1997
4. FEI Number: 65-0438130 | 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
1 19195 MYSTIC POINTE DR	26 19195 MYSTIC POINTE DR
Suite, Apt. #, etc. 2 1703	Suite, Apt. #, etc. 27 1703
City & State 3 AVENTURA FL	City & State 28 AVENTURA FL
Zip 4 33180 · Country 25 USA	Zip 29 33180 · Country 30 USA

9. Name and Address of Current Registered Agent
ECHEVERRIA, INES
7904 WEST DR. APT. 502
NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 N/A
84

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 [signature] INES ECHEVERRIA MAY 20, 1998
DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT ☐ DELETE
NAME	**ECHEVERRIA, INES**
STREET ADDRESS	7904 WEST DR #502
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 if changed, or on an attachment with an address.

SIGNATURE: [signature] INES ECHEVERRIA MAY 20, 1998 (305) 932-3035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR