

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93-000082281
1. Corporation Name

TRAVEL ENTERTAINMENT CORPORATION

300001773033
-04/09/96--01010--031
***200.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 20801 Biscayne Blvd.

26 20801 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 432

27 Ste 432

City & State

City & State

23 N. Miami Beach, Fl

28 N. Miami Beach, Fl

Zip

Zip

Country

Country

24 33180

25 USA

29 33180

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12-1-93

4-18-95

4. FEI Number

65-0463807

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

10. Name and Address of New Registered Agent

81 Name

CLAUDIO GRANA

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

20801 Biscayne Blvd.

83

Ste 432

84 City

N. Miami Beach

FL

85 Zip Code

33180

11. Pursuant to the provisions of Sections 607.0102 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 607.050, Florida Statutes.

SIGNATURE

Claudio Grana

3/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1. TITLE	☒ Change ☐ Addition
2. NAME	President
3. STREET ADDRESS	Claudio Grana
4. CITY-STATE-ZIP	20801 Biscayne Blvd. Ste 432
5. TITLE	☒ Change ☐ Addition
6. NAME	N. Miami Beach, Fl 33180
7. STREET ADDRESS	VP
8. CITY-STATE-ZIP	☒ Change ☐ Addition
9. TITLE	Cristian Jorge Francisco
10. NAME	20801 Biscayne Blvd. Ste 432
11. STREET ADDRESS	N. Miami Beach, Fl 33180
12. CITY-STATE-ZIP	☒ Change ☐ Addition
13. TITLE	VP
14. NAME	Jorge Alberto Francisco
15. STREET ADDRESS	20801 Biscayne Blvd. Ste 432
16. CITY-STATE-ZIP	N. Miami Beach, Fl 33180
17. TITLE	☒ Change ☐ Addition
18. NAME	VP
19. STREET ADDRESS	Jorge Ricardo Ramon Julia
20. CITY-STATE-ZIP	20801 Biscayne Blvd Ste 432
21. TITLE	☒ Change ☐ Addition
22. NAME	N. Miami Beach, Fl 33180
23. STREET ADDRESS	D
24. CITY-STATE-ZIP	☒ Change ☐ Addition
25. TITLE	Jorge Alberto Saud
26. NAME	20801 Biscayne Blvd, Ste 432
27. STREET ADDRESS	N. Miami Beach, Fl 33180
28. CITY-STATE-ZIP	☒ Change ☐ Addition
29. TITLE	D
30. NAME	Gustavo Saud
31. STREET ADDRESS	20801 Biscayne Blvd., Ste 432
32. CITY-STATE-ZIP	N. Miami Beach, Fl 33180

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of the 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, on an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIO GRANA 3/29/96 305 682-7003

CR2E034 (12/95)