

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000023185
 1. Corporation Name
VACATION TARGET, INC..

Principal Place of Business FRIEDMAN LAW FIRM 100 N. BISCAYNE BLVD., 30th FLOOR MIAMI, FL 33132	Mailing Address FRIEDMAN LAW FIRM 100 N. BISCAYNE BLVD., 30th FLOOR MIAMI, FL 33132-2304
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
MARCH 25, 1994

4. FEI Number **65-0577323** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21 FRIEDMAN & HEYDASCH, P.A. Suite, Apt. #, etc. 22 100 N BISCAYNE BLVD #3000 City & State 23 MIAMI, FLORIDA Zip Country 24 33132-2305 25 USA	2a. Mailing Address 26 FRIEDMAN & HEYDASCH, P.A. Suite, Apt. #, etc. 27 100 N BISCAYNE BLVD #3000 City & State 28 MIAMI, FLORIDA Zip Country 29 33132-2305 30 USA
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9. Name and Address of Current Registered Agent
HEYDASCH, AXEL
100 N BISCAYNE BLVD
30TH FLOOR
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOT: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PT <input type="checkbox"/> DELETE
NAME	SCHOTTI, ROBERT
STREET ADDRESS	100 N BISCAYNE BLVD., 30th FLOOR
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	VS <input type="checkbox"/> DELETE
NAME	SCHOTTI, MARIA
STREET ADDRESS	100 N BISCAYNE BLVD., 30th FLOOR
CITY-ST-ZIP	MIAMI, FL 33132
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

000002524640 Change Addition
-05/15/98--01006--045
*****150.00**

14. I hereby 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 supplier 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: **X**  / **ROBERT SCHOTTI**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (10/97)

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5/13