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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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

MARCH 25, 1994

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

4. FEI Number

65-0577323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

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

83

84 City

FL

85 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

Signature (typed or printed name of registered agent and local applicant)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME SCHOTT, ROBERT
STREET ADDRESS 100 N BISCAYNE BLVD., 30th FLOOR
CITY-ST-ZIP MIAMI, FL 33132

TITLE VS
NAME SCHOTT, MARIA
STREET ADDRESS 100 N BISCAYNE BLVD., 30th FLOOR
CITY-ST-ZIP MIAMI, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
/ ROBERT SCHOTT

Date

Daytime Phone #

CR2E034 (10/97)

12/5/13