SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

SIGNATURE:

SIGNATURE A

DIVISION OF CORPORATIONS

DOCUMENT # P94000028517 (8) INTERNATIONAL INSTITUTE OF TRAVEL, INC. Principal Place of Business Mailing Address 7424 WILES RD. 7424 WILES RD CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 3. Date Incorporated or Qualified 3a. Date of Last Report 04/08/1994 07/19/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0489052 Not Applicable \$8.75 Additional Suite, Apt. # etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Added to Fees Trust Fund Contribution Country Zin Zin Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DARROW, KENNETH F ESQ 9200 S. DADELAND BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 412** 83 **MIAMI FL 33156** 84 City 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 horeby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Stgoature, typed or politied name of registerad agent and title if applicable OFFICERS AND DIRECTORS (3.6)12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE NAME NAREEN, RUDOLF 1.2 NAME 1055 BAY ST., SUITE 2202 STREET ADDRESS 13 STREET ADDRESS TORONTO, ONTARIO, CANADA CITY - ST-ZIP 14 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME 23 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2 4 CiTY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TITLE 6 I TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP upplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 and on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if threeter of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and 14. I do hereby certify that the information further certify that the information inclinate under oath, that I arryan office that my name appears in I nanged, an attachment with an address

TED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034

Elizabete Phone #