

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 2: 07

DOCUMENT # P94000058031 (3)

1. Corporation Name

TRAVELER'S INTERNATIONAL INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

Mailing Address

**12125 SW 110TH STREET
CIRCLE NORTH
MIAMI FL 33186**

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CIRCLE NORTH
MIAMI FL 33186**

3. Date Incorporated or Qualified
08/05/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For
Not Applicable

65-0562969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

22

27

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NAJAC, CLAUDE
12125 SW 110TH STREET
CIRCLE NORTH
MIAMI FL 33186**

81 Name **PHILIPPE LEROY**
82 Street Address (P.O. Box Number is Not Acceptable)
12125 SW 110TH CIRCLE SOUTH
83 **MIAMI-**
84 City

FL 85 Zip Code
33186

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

PHILIPPE LEROY

21TH MAY 1995

Signature, typed or printed name of registered agent and title if applicable

(Note: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DIRECTOR
NAME	MAURICE PEREZ
STREET ADDRESS	
CITY - ST - ZIP	SAME
TITLE	MEMBER
NAME	CLAUDE NAJAC
STREET ADDRESS	
CITY - ST - ZIP	SAME
TITLE	SECRETARY/TRE
NAME	PHILIPPE LEROY
STREET ADDRESS	
CITY - ST - ZIP	SAME
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	

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)(h), 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: **PHILIPPE LEROY**

2/21/95 (305) 596-6376

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

(Date)

Telephone Number