


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90112 017 ***150.00

DOCUMENT # P94000058031

1. Entity Name
TRAVELER'S INTERNATIONAL INC.



Principal Place of Business
 12125 SW 110TH STREET
 CIRCLE SOUTH
 MIAMI FL 33186

Mailing Address
 12125 SW 110TH STREET
 CIRCLE SOUTH
 MIAMI FL 33186

54071684



MOORE CR2E034 (4/04)

2. Principal Place of Business
 6739 TAMARIND CIR
 Suite, Apt. #, etc.

3. Mailing Address
 6739 TAMARIND CIRCLE
 Suite, Apt. #, etc.
ORLANDO

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32819 Country
U.S.A

Zip
32819 Country
U.S.A

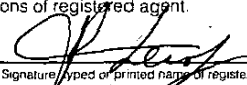
4. FEI Number **65-0562969** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LEROY, PHILIPPE
 12125 SW 110TH STREET
 CIRCLE NORTH
 MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name **LEROY, PHILIPPE**
 Street Address (P.O. Box Number is Not Acceptable)
6739 TAMARIND CIRCLE
ORLANDO FL
 City **ORLANDO** State **FL** Zip Code **32819**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **8/30/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
M	NAJAC, CLAUDE	12125 SW 110 ST CIRCLE SOUTH	MIAMI FL 33186	<input type="checkbox"/>
ST	LEROY, PHILIPPE	12125 SW 110 STREET CIRCLE SOUTH	MIAMI FL 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

54071684
#094000058031



HISPANIOLA
HOTEL & CASINO

To: WHOM IT MAY CONCERN
ONCE AGAIN WE
RECEIVED OUR RENEWAL
FORM 6 MONTHS WATE SAME
AS LAST YEAR.

Ave. Independencia, Esq. Abraham Lincoln,
Santo Domingo, Dominican Republic
Tel: (809) 221-1511 Fax: (809) 533-8898 Toll-Free: 1-800-877-3643
www.hotel.stodgo.com.do www.hotelhispaniola.com