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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400064756 1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90024 037 ***150.00

TRAVEL	NETWORK, INC							
Principal Place	of Business	Mailing Address			f fållikat tin mitt ninti mitt ante se	** *****		
231 ALTARA AV		231 ALTARA AVE						
CORAL GABLES FL 33146 CORAL GA		CORAL GABLES FL 33146	AL GABLES FL 33146		DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE		
03		00			3. Date Incorporated or Qualifed			
ſ					09/01/1994			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	1	Applied For	
21	· · · · · · · · · · · · · · · · · · ·	26		 	65-0523117		Not Applicable	
-Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required		
22		City & State		A Florida Contain Financia		<u> </u>		
City & State	•	⊢ ′			6. Election Campaign Financing Trust Fund Contribution		May Be	
23 Zip	Country	Zip	Country	·	This corporation owes the current y			
24	25	<u> </u>	30	,	Personal Property Tax.	⊠ Yes	□No	
	9. Name and Address of Current			-	10. Name and Address of New Regis	tered Agent		
			81	Name				
WAGNER, HERMANN			82	Street A	Address (P.O. Box Number is Not Acceptable)			
	ALTARA AVE							
COR	AL GABLES FL 33146		83	\$ }			ł	
-			84	City		85 Z	ip Code	
				<u> </u>	ti whatte this statement for the ourse	FL	its registered	
44 -	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statute:	e the above		cornoration submits this statement for the burb	ose or changing	its registered	
office or n	egistered agent, or both, in the State of	of Florida. Such change was au	thorized by	the corpo	ration's board of directors. I hereby accept the	appointment as	registered	
office or re agent. I ar	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was au iions of, Section 607.0505, Flori	thorized by ida Statutes	the corpo	corporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as	registered	
SIGNATURE							registered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:			•	ATE		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Age		equired when reinstating) D	ATE	TORS IN 12	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: I	Registered Age	ent signature re	equired when reinstating) D ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12	
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PD WAGNER, HERMANN 231 ALTARA AVE	t and title if applicable. (NOTE: I	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature re	equired when reinstating) D ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTION Change ite 210	TORS IN 12	
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PD WAGNER, HERMANN 231 ALTARA AVE	t and title if applicable. (NOTE: I D DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature re	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTION Change ite 210	TORS IN 12 ge Addition	
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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 of 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 attactor feet with an address, with all other like empowered.

SIGNATURE: