FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000065181 (7)

1. Corporation Name
UNIGLOBE DUVAL STREET TRAVEL, INC.

Principal Place of Business
328 SIMONTON ST
KEY WEST FL 33040

Mailing Address
328 SIMONTON ST
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 328 SIMONTON ST.
Suite, Apt. #, etc: 22
City & State: 23 KEY WEST FL
Zip: 24
Country: 25 USA

2a. Mailing Address: 26 328 SIMONTON ST
Suite, Apt. #, etc: 27
City & State: 28 KEY WEST FL
Zip: 29
Country: 30 USA

4. FEI Number: ✓ Applied For / Not Applicable

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees

8. This corporation has totally or partially tax under S. 199.032, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BROWNING, MICHAEL L
402 APPELROUTH LN
KEY WEST FL 33040

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: 4/5/95
(Signature of new registered agent if applicable) (Date) (Signature of registered agent after resigning) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MCGARAIL, PAUL	12 NAME	
STREET ADDRESS	328 SIMONTON ST	13 STREET ADDRESS	
CITY ST ZIP	KEY WEST FL 33040	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ROWLEY, SEAN	22 NAME	
STREET ADDRESS	328 SIMONTON ST	23 STREET ADDRESS	
CITY ST ZIP	KEY WEST FL 33040	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information indicated on this filing is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Item 12 or Item 13 of this report, or is added herein with an address.

SIGNATURE: Paul H. McGrail President 4/24/95 305-292-9768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

-A 5/23

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