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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 2: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000066737 (5)

1. Corporation Name

~~TRAVEL PARTNERS INTERNATIONAL, INC.~~

Premiere Destination Services, Inc.

Principal Place of Business

Mailing Address

8881 SOUTHWEST 55TH STREET
COOPER CITY FL 33328

8881 SOUTHWEST 55TH STREET
COOPER CITY FL 33328

3. Date Incorporated or Qualified

09/12/1994

3a. Date of Last Report

2. Principal Place of Business

2b. Mailing Address

4. FEI Number

Applied For

21 501 Golden Isles Drive

26 501 Golden Isles Drive

65-0550755

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 203

27 Suite 203

City & State

City & State

23 Hallandale, Florida

28 Hallandale, Florida

Zip

Country

Zip

Country

24 33009

25 U.S.A

29 33009

30 U.S.A

6. Election Campaign Financing
Trust Fund Contribution ☐ \$8.75 Additional
Fee Required

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J. SPIEGEL CHTRD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

Christine Prost

82 Street Address (P.O. Box Number is Not Acceptable)

8881 S.W. 55 STREET

83

84 City

Cooper City

FL

85 Zip Code

33328

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 607.0503, Florida Statutes.

SIGNATURE

Christine Prost CHRISTINE PROST

4/13/95

(Signature required to effect change of registered agent and office if applicable)

(NOTE: Registered Agent signature required when instituting)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME PROST, CHRISTINE M
STREET ADDRESS 8881 SOUTHWEST 55TH STREET
CITY ST ZIP COOPER CITY FL 33328

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 this 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:

Christine Prost CHRISTINE PROST

4/13/95

(305) 459-3535

(Signature and typed or printed name of signing officer or director)