SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 28 PM 1:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000069365 (2)

1. Corporation Name

CG TRAVEL, INC.

Principal Place of Business	Mailing Address
13735 SW 100TH TER MIAMI FL 33186-6838	13735 SW 100TH TER MIAMI FL 33186-6838

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1994
3a. Date of Last Report: 9-21-94

2. Principal Place of Business
21: 3900 N.W. 79 AVE
22 Suite, Apt. #, etc: SUITE 438
23 City & State: MIAMI, FLORIDA
24 Zip: 33166
25 Country: USA

2a. Mailing Address
26: 3900 N.W. 79 AVE
27 Suite, Apt. #, etc: SUITE 438
28 City & State: MIAMI, FLORIDA
29 Zip: 33166
30 Country: USA

4. FEI Number: 65-0521759 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. [illegible] ☐ $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

GERNER, DAVID E
537 SEVILLA
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: GERNER, DAVID E
82 Street Address (P.O. Box Number is Not Acceptable): 13735 SW 100 TERRACE
83:
84 City: MIAMI 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: [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDERSON, WALTER C
STREET ADDRESS	13735 SW 100TH TER
CITY ST ZIP	MIAMI FL 33186-6838
TITLE	D
NAME	GERNER, DAVID E
STREET ADDRESS	537 SEVILLA
CITY ST ZIP	CORAL GABLES FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13.

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	D	☒ Change ☐ Addition
22 NAME	GERNER, DAVID E	
23 STREET ADDRESS	13735 SW 100 TERRACE	
24 CITY ST ZIP	MIAMI, FL 33186-6838	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

CR2E034 (3/95)

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)(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 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: Walter C. Anderson WALTER C. ANDERSON 7-25-95 305-660-9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000147 CP