

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000069365 (2)

1. Corporation Name

CG TRAVEL, INC.



Principal Place of Business

Mailing Address

3900 NW 79TH AVE  
STE 438  
MIAMI FL 33166  
US

3900 NW 79TH AVE  
STE 438  
MIAMI FL 33166  
US

3. Date Incorporated or Qualified  
09/21/1994

3a. Date of Last Report  
07/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEWRNER, DAVID E  
13735 SW 100TH TERR  
MIAMI FL 33186

81 Name Walter Anderson

82 Street Address (P.O. Box Number is Not Acceptable)  
15540 SW 59 St.

83

84 City Miami FL 85 Zip Code 33193

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 607.0305, Florida Statutes.

SIGNATURE

Walter C. Anderson

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ANDERSON, WALTER C  
STREET ADDRESS 13735 SW 100TH TER  
CITY-STATE-ZIP MIAMI FL 33186-6838

TITLE D ☐ DELETE

NAME GERNER, DAVID E  
STREET ADDRESS 13735 SW 100TH TERR  
CITY-STATE-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE D  
1.2 NAME WALTER C Anderson  
1.3 STREET ADDRESS 15540 SW 59 St  
1.4 CITY-STATE-ZIP MIAMI, FL. 33193

☒ Change ☐ Addition

2.1 TITLE D  
2.2 NAME DAVID E. Gerner  
2.3 STREET ADDRESS 3900 NW 79 Ave Ste 438  
2.4 CITY-STATE-ZIP MIAMI FL 33166

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 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 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

305 640 9811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/23/96 Daytime Phone

CR2E034 (12/95)