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

APPROVED AND FILED
95 JUN 21 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000073894 (5)**

1. Corporation Name
UNIGLOBE QUALITY TRAVEL, INC.
UNIGLOBE WINGS TRAVEL SERVICES, INC. G95143000078

Principal Place of Business	Mailing Address
15564 S.W. 43RD TERRACE MIAMI FL 33185	15564 S.W. 43RD TERRACE MIAMI FL 33185

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 700 So. Royal Poinciana Boulevard	26 700 So. Royal Poinciana Boulevard
Suite, Apt. #, etc.: 22 703	Suite, Apt. #, etc.: 27 703
City & State: 23 Miami Springs, Florida	City & State: 28 Miami Springs, Florida
Zip: 24 33166 Country: 25 USA	Zip: 29 33166 Country: 30 USA

4. FEI Number: 65-0565664 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Elect Computer Delivery ☐ **$5.00** May Be Added to Fees
7. This corporation has liability for intangible 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
LYLEN, IAN J 1925 BRICKELL AVE. SUITE D207 MIAMI FL 33129	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. Additions/Changes to Officers and Directors	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CARRETIE, FERNANDO	12 NAME	
STREET ADDRESS	15564 S.W. 43RD TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33185	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CARRETIE, CAROLINA	22 NAME	300001521693
STREET ADDRESS	15564 S.W. 43RD TERRACE	23 STREET ADDRESS	-06/23/95--01032--002
CITY-ST-ZIP	MIAMI FL 33185	24 CITY ST ZIP	****225.00 ****225.00
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	6/21/95 MB
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	

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: Carolina de Carretie Carolina Carretie 06/07/95 (305)884-4447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0000417 CP