

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90021 034 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000084568**

1. Corporation Name  
**UNION TRAVEL SERVICES, CORP.**



Principal Place of Business 2301 COLLINS AVE STE M-105-A MIAMI BEACH FL 33139	Mailing Address 2301 COLLINS AVE STE M-105-A MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5445 Collins Ave.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>10141 E. Bay Harbor Dr</b> Suite, Apt. #, etc.
22 <del>5445 Collins Ave.</del> City & State <b>Miami Beach, FL</b>	27 <del>5 A</del> City & State <b>B. Harbor Islands, FL</b>
24 <b>33140</b> 25 <b>USA</b>	29 <b>33154</b> 30 <b>USA</b>

3. Date Incorporated or Qualified <b>11/18/1994</b>	
4. FEI Number <b>65-0534925</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>COSTA, ROXANA</b> 2301 COLLINS AVE STE M-105-A MIAMI BEACH FL 33139	
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10. Name and Address of New Registered Agent	
81 Name <b>COSTA, ROXANA</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>10141 E. Bay Harbor Dr.</b>
83 <b>Apt# 5-A</b>	84 City <b>Bay Harbor Isl</b>
85 Zip Code <b>FL 33154</b>	

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: Roxane Costa (NOTE: Registered Agent signature required when reinstating) DATE: April 14, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COSTA, ANTONIO</b>		1.2 NAME	
STREET ADDRESS <b>5601 COLLINS AVE. APT. 718</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COSTA, ROXANA</b>		2.2 NAME	
STREET ADDRESS <b>5601 COLLINS AVE. APT. 718</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: April 14, 1999 DAYTIME PHONE #: (305) 867-0507

CR2E034 (11/98)