FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUN 14 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000085699

1. Corporation Name
JEM Travel Services, Inc.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2200 E. Irlo Bronson Highway Suite 104 Kissimmee, FL 34744	

3. Date Incorporated or Qualified: 1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: Same AS Above
Suite, Apt. #, etc 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26: Same AS Above
Suite, Apt. #, etc 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: Applied For — XX Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $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

Julian Vasquez
2200 E. Irlo Bronson Highway
Suite 104
Kissimmee, FL 34744

10. Name and Address of New Registered Agent

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 IN 12		
TITLE	President/Treasurer	11 TITLE	Chairman	☒ Change ☐ Addition
NAME	Julian Vasquez	12 NAME	Roy Comben	
STREET ADDRESS	2200 E. Irlo Bronson # 104	13 STREET ADDRESS	866 Country Crossing	
CITY-ST-ZIP	Kissimmee, FL 34744	14 CITY ST ZIP	Kissimmee, FL 34744	
TITLE		21 TITLE	Director	☒ Change ☐ Addition
NAME		22 NAME	Michael Agombar	
STREET ADDRESS		23 STREET ADDRESS	743 Country Woods	
CITY-ST-ZIP		24 CITY ST ZIP	Kissimmee, FL 34744	
TITLE		31 TITLE	Secretary	☒ Change ☐ Addition
NAME		32 NAME	Julian Vasquez	
STREET ADDRESS		33 STREET ADDRESS	2200 E. Irlo Bronson # 104	
CITY-ST-ZIP		34 CITY ST ZIP	Kissimmee, FL 34744	
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		
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		

KC

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: _____ Julian Vasquez 5/10/95 (407) 847-450
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #