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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500001464

Country

25

1. Corporation Name

R TRAVEL, INC.

Principal Place of Busines		
	22	

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

Suite 2130

26

27

28

29

Zip

Registered Agent

ONE SE THIRD AVE SUITE 1400 MIAMI FL 33131

2. Principal Place of Business

Suite 2130

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

ONE SE THIRD AVE SUITE 1400

MIAMI FL 33131

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90030 006 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/03/1995 Applied For 4. FEI Number Not Applicable 65-0544752 \$8.75 Additional 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible □No Personal Property Tax. 10. Name and Address of New Registered Agent

	81	Name
CORPROLITE CORPORATION ONE SE THIRD AVE SUITE 1400	82	Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33131	83	Suite 2130
•	84	City · 85 Zip Code

Country

30

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Regi	istered Agent signature re	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 12
TITLE	CD DEC	LETE	1.1 TITLE		Change	☐ Addition
NAME	RUDNER, EDWARD B		1.2 NAME			Ì
STREET ADDRESS	1800 ELLER DR., SUITE 300		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP			
TITLE	P DEI	LETE	2.1 TITLE	P/D	XX Change	Addition
NAME	KIRBY, RICHARD L		2.2 NAME			}
STREET ADDRESS	1800 ELLER DR., SUITE 300		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT LADUERDALE FL		2.4 CITY-ST-ZIP			
TITLE	TV □ DEL	LETE	3.1 TITLE	VS/D	XX Change	☐ Addition
NAME	DEL RIO, FRANK		3.2 NAME			
STREET ADDRESS	1800 ELLER DR., SUITE 300		3.3 STREET ADDRESS			ļ
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. CITY-ST-ZIP		1777	
TITLE	\$ DEI	LETÉ	4.1 TITLE	AS	XX Change	☐ Addition
NAME	BLASS, STEPHEN A		4. 2 NAME			•
STREET ADDRESS	1 SE 3RD AVE., SUITE 1400		4.3 STREET ADDRESS	Suite 2130		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP			***
TITLE	☐ DEI		5.1 TITLE	VT/D	☐ Change	X Addition
NAME	•		5.2 NAME	PICKUP, ROBERT E. JR		
STREET ADDRESS	•		5.3 STREET ADDRESS	1800 ELLER DRIVE STE 300		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		PARTE LINE
TITLE	. DEI		6.1 TITLE	AS	☐ Change	[X]Xddition
NAME			6.2 NAME	SANTANGELO, CARL G.		
STREET ADDRESS			6.3 STREET ADDRESS	3000 N. FEDERAL HIGHWAY	STE 200	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		

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 address, with all other like empowered.