

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000008912 (4)

1. Corporation Name

OHRAMI TRAVEL CORPORATION

Principal Place of Business

6243 SW 150 PATH
MIAMI FL 33193

Mailing Address

6243 SW 150 PATH
MIAMI FL 33193-2742

2. Principal Place of Business

21 10901 S.W. 56 ST

Suite, Apt. #, etc.

2a. Mailing Address

26 (SAME)

Suite, Apl. #, etc.

22

City & State

23 MIAMI - FLORIDA

Zip

24 33165

Country

25 U.S.A.

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MIRABAL, RAFAEL

6243 SW 150 PATH

MIAMI FL 33193

61 Name

RAFAEL MIRABAL

62 Street Address (P.O. Box Number is Not Acceptable)

10901 S.W. 56 ST.

63

64 City

MIAMI

FL 33165

65 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

Signature (type or print) Name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME MIRABAL, RAFAEL
STREET ADDRESS 6243 S.W. 150 PATH
CITY-ST-ZIP MIAMI FL 33193

DELETE

TITLE VPS
NAME MIRABAL, OHLADA
STREET ADDRESS 6243 S.W. 150 PATH
CITY-ST-ZIP MIAMI FL 33193

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES/T.
1.2 NAME RAFAEL MIRABAL
1.3 STREET ADDRESS 10901 S.W. 56 ST.
1.4 CITY-ST-ZIP MIAMI - FL - 33165

Change Addition

2.1 TITLE VP/S
2.2 NAME OHLADA MIRABAL
2.3 STREET ADDRESS 10901 S.W. 56 ST.
2.4 CITY-ST-ZIP MIAMI - FL - 33165

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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.

1/1/97 (202) 222-2204



FILED

Apr 18 1997 8:00am
Secretary of State

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