

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000044696 (9)

1. Corporation Name

MEDIA AND TRAVEL CONSULTANTS, INC.



Principal Place of Business

2550 DOUGLAS RD
SUITE 300-A
MIAMI FL 33134

Mailing Address

2550 DOUGLAS RD
SUITE 300-A
MIAMI FL 33134

3. Date Incorporated or Qualified
06/09/1995

3a. Date of Last Report

INITIAL

2. Principal Place of Business

21 4102 N 48th TERR

2a. Mailing Address

26 4102 N 48th TERR

4. FEI Number

Applied For

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 Hollywood FL

City & State

28 Hollywood FL

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

24 33021

Country

25 USA

Zip

29 33021

Country

30 USA

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SEVIN, NORMAN M
2550 DOUGLAS RD
SUITE 300-A
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name MARCIA R. LEVIN

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

4102 N. 48th TERR

83

84 City Hollywood

FL

85 Zip Code 33021

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 Marcia R. Levin

2/11/96

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD SEVIN, NORMAN M ☒ DELETE

NAME
STREET ADDRESS 2550 DOUGLAS RD SUITE 300-A
CITY-ST-ZIP MIAMI FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD MARCIA R. LEVIN ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4102 N 48th TERR

1.4 CITY-ST-ZIP Hollywood FL 33021

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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: Marcia R. Levin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/96 305-989-6105

Date

Daytime Phone #

CR2E034 (12/95)