

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000077739 (7)

1. Corporation Name

WORLD TRAVEL MASTERS, INC.



Principal Place of Business

**6145 WEST 26TH COURT
HIALEAH FL 33016**

Mailing Address

**6145 WEST 26TH COURT
HIALEAH FL 33016**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 30

g. Name and Address of Current Registered Agent

**HUSSAINI, HAMEED
6145 WEST 26TH COURT
HIALEAH FL 33016**

3. Date Incorporated or Qualified

10/10/1995

3a. Date of Last Report

4. FEI Number

65-0616328

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 authority for an aggregate tax under S. 199.042,
Florida Statutes. ☒ Yes ☐ No

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 607.0602 and 607.1508, Florida Statutes, the above named corporation sends 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 607.0602, Florida Statutes.

SIGNATURE

Signature taken from the corporation's books and records

Signature taken from the corporation's books and records

Signature

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HUSSAINI, HUSSAIN A	
STREET ADDRESS	6145 WEST 26TH COURT	
CITY-STATE-ZIP	HIALEAH FL 33016	
TITLE	SVD	☐ DELETE
NAME	HUSSAINI, HAMEED	
STREET ADDRESS	6145 WEST 26TH COURT	
CITY-STATE-ZIP	HIALEAH FL 33016	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information indicated on this annual report or supplement (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 additional page in this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hameed Hussaini
Hameed Hussaini

3/18/96

305-824-8762

CR2E034 (12/95)