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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000083369 (5)

VHC TRAVEL INC.

appears in Block 12 or Block 13

SIGNATURE:

Mailing Address Principal Place of Business 214 BRAZILIAN AVENUE 214 BRAZILIAN AVENUE SUITE 205 SUITE 205 PALM BEACH FL 33480-4621 PALM BEACH FL 33480 3a. Date of Last Report 3. Date Incorporated or Qualified 03/12/1996 10/31/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0621364 Not Applicable 26 \$8.75 Additional Suite. Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zφ Zip Country Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 COX, TIMOTHY W. PA Street Address (P.O. Box Number is Not Acceptable) 322 BANYAN BLVD 82 W PALM BOH FL 33410 83 84 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 fampliar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) of agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 13. 12. Change ___ Addition DELETE 1.1 TITLE TIBLE BRADWARY, JOSEPH F JR. 1.2 NAME NAME Brazilian Ave #205 50 COOQANUT ROW 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH-FL 33480 1.4 CITY - ST - ZiP CITY-ST-ZIP __ Addition DELETE 2.1 TITLE THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 31 TITLE THUE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP City-St-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP C-TY - ST - ZiP Change ■ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-ST-ZIP CHY-ST-ZIP Change ■ Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 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 off-cer or director of the corporation or the receive of justee powered to execute this report as required by Chapter 607, Florida Statutes; and that my name