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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000085605 (0)

ORLANDO CHAMBER OF COMMERCE RESERVATIONS CENTER, INC.



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Principal Place	of Business	Mailing Address				anere ausen eleten detten mitte teten ditte imfle
3399 NW 72ND AVE. SUITE 206 MIAMI FL 33122		3399 NW 72ND AVE. SUITE 206 MIAMI FL 33122				
					3. Date Incorporated or Qualified 11/06/1995	3a. Date of Last Report
2. Principal Pla: 21	ce of Business	2a. Mailing Address 26			4. FEI Number apply for	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22		27			o. Gorandae or diatas posinos	Fee Required
City & State		City & State			6. Election Campaign Financing	; \$5.00 мау Ве
23 Zip	Country	28 7in	1 0	L	Trust Fund Contribution	Added to Fees
	25	Zip	Coun	try	8. This corporation has liability for inta	
24	9. Name and Address of Curre	29 29 Agent	30		Florida Statutes Yes [
	U. Harris dilla picario di Collica	The state of the Age in		31 Name	10. Name and Address of New Reg	Jistered Agent
FERNANDEZ, JUAN 3399 NW 72ND AVE, SUITE 206				T T T T T T T T T T T T T T T T T T T		
			8	Street Ac	dress (P.O. Box Number is Not Acceptable)	
	FL 33122		1	33		
i iisicuiti	1 6 00 122			~		
			Ε	34 City		85 Zip Code
11 Pursuant to	the provisions of Sections 607 050	Y2 and 607 1500 Florida Ptal	utoo the about		oration submits this statement for the purpo	FL S Zip code
or registere	iu agent, or both, in the State of Noi	nda. Such change was author	rized by the co	rporation's b	pard of directors. I hereby accept the appoint	ise of changing its registered office itment as registered agent. I am
familiar with	n, and accept the obligations of, Sec	ction 607.0505, Florida Statuti	es.	•	,,	
SIGNATURE	, . 					
s.	Signature, typed or printed name of registered age			gent signature requ	ired when reinstating!	DATE
12.	OFFICERS AN	ND DIRECTORS	13.		ired when renstating; ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
12.	OFFICERS AN		13.	E		
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I To hereby certify that the information supplied with this filing is volfuntarity 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 directly of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of charged, or on an attachment with any address.

SIGNATURE:

URE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

305-597-4322

Elaytime Phone #