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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 MAR 26 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000092707

1. Entity Name

TIME TO GO TRAVEL, INC.

Principal Place of Business	Mailing Address
4471 N.W. 36 STREET SUITE 213-A MIAMI SPRINGS,FL 33166	4471 N.W. 36 STREET SUITE 213-A MIAMI SPRINGS,FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/96

2 Principal Place of Business	2a. Mailing Address
21 SAME AS ABOVE	26 SAME AS ABOVE
Suite, Apt. #, etc. 22 " " "	Suite, Apt. #, etc. 27 " " "
City & State 23 " " "	City & State 28 " " "
Zip / Country 24 " " / 25 "	Zip / Country 29 " " / 30 "

4. FEI Number: 65-0622424 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTA SUSANA CEDERNA 5275 S.W. 77 TH COURT STE H 209 MIAMI, FLORIDA 33155-5554	81 Name: LUZ ANGELA TORRES 82 Street Address (P.O. Box Number is Not Acceptable): 4471 N.W. 36 TH STREET STE 213-A 83 84 City: MIAMI SPRINGS FL 85 Zip Code: 33166

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] LUZ ANGELA TORRES, REGISTERED AGT 3/24/98
(Must be typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	PRESIDENT/SECRETARY	☐ Change ☐ Addition
NAME	CEDERNA, MARTA SUSANA		12 NAME	TORRES, LUZ ANGELA	
STREET ADDRESS	14248 S.W. 97 TERR		13 STREET ADDRESS	5701 COLLINS AVE # 1604	
CITY-ST-ZIP	MIAMI, FLORIDA 33186		14 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33140	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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14. I 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.

SIGNATURE: [signature] LUZ ANGELA TORRES, PRESIDENT 3/24/98 305-885-8505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #