## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P96000011317 (0)

WORLD TRAVEL REPRESENTATIVES, INC.

Principal Place of Business Mailing Address 7880 WEST FLAGLER STREET 7880 WEST FLAGLER STREET MIAMI FL 33144 MIAMI FL 33144-2304			ET		
				3. Date Incorporated or Qualified 02/06/1996	1 3a. Date of Last Report
2. Principal F	Place of Business	2a, Mailing Address 26		4. FEI Number 65-0639651	Applied For Not Applicable
Sulte, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Star	10	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30	Florida Statutes	r intangible tax under s. 199.032,  Yes No
	g. Name and Address of Curren			10. Name and Address of New I	registered Agent
343	E LAW FIRM OF LAWRENCE J SF 3 ALMERIA AVENUE RAL GABLES FL 33134	Piegel Chrtd	62 Street Add 7 8 8 0	SA M. COLDOVI ress (P.O. Box Number is Not Accept ) W. F. A. G. E. C. J.	
SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State amramiliar with, and accept the oblig:	ant and title if applicable. (NOTE	Registored Agent signature requi	mddym ired when roinstating)	04/13/9'7.
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
TITLE	PD connect to	☐ DELE1E	1.1 TITLE		Change Addition
NAME	CORDOVA, JORGE A		1.2 NAME		
STREET ADDRESS	7880 WEST FLAGLER STREET		1.3 STREET ADDRESS		ł
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY - ST - ZIP		
TITLE	VO	☐ DELETE	2 1 111LF		Change Addition
NAME	REYES, ALICIA		2.2 NAME		į
STREET ADDRESS	7880 WEST FLAGLER STREET	•	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		2 4 CITY+ST-ZIP		
TITLE	VO	☐ DELETE	3 1 TITLE		Change Addition
NAME	CORDOVA, ROSA M		3.2 NAME		ļ
STREET ADDRESS	7880 WEST FLAGLER STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		3.4. CITY - ST - ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		Change Addition
NAME	BARSALINI, SANDRA	,	4. 2 NAME		
STREET ADDRESS	7880 WEST FLAGLER STREET		4.3 \$1REFT ADDRESS		Į
CITY-ST-ZIP	MIAMI FL 33144		4.4 C(1) - ST - ZIP		
TITLE	TD	DELETE	5.1 TITLE		Change Addition
NAME	RAMIREZ, MARIA I		5.2 NAME		
STREET ADDRESS	7880 WEST FLAGLER STREET	•	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		5.4 CITY-S1-ZIP		
TITLE		DELETÉ	6.1 NITLE		Change Addition
NAME			6.2 NAME		ł
STREET ADDRESS			6 3 STREET ADDRESS		

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 eath; 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.

CICMATUDE.

CITY-ST-ZIP

all Miller Marker

04/12/97

(305) 266 PORO

**FILED** 

May 14 1997 8:00am

Secretary of State