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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: WORLD TRAVEL REPRESENTATIVES (Name of corporation)
DOCUMENT NUMBER: P960000 11 517
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sandra Barsalini - Cardova (Name of contact person)
World Travel Representatives (Firm/Company)
11030 SW ESth Street (Address)
Miami FL 33165 (City/state and zip code)
For further information concerning this matter, please call:
Sandra Barralini - Cordova at (305) 519 1226  (Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p statement of char in order	•	for a corpor	ation orga	nized u	nder the la	ws of the St	ate of <u>F</u>	LOR	• -	<b>,</b>
1. The name of th	ne corporation:_	WORC	D TRA	NEL	REPR	E SEN	V TAT	<u>e1</u> '	10	<u>c.</u>
2. The principal of	office address:_	505	MAJO	RCA	AVE	CORA	L GAB	rei	Fc	3313
3. The mailing ad	ldress (if differe	nt):		· · · · · · · · · · · · · · · · · · ·						
4. Date of incorpo	oration/qualifica	ntion: <u>O &amp;</u>	106/19	96 1	Document	number:	00 0 pe	000	131	7
5. The name and : Florida Depart		f the current	registered a	agent ar	d registere	ed office on	file with th	e		
-	SANDR	A BAR	MINIA	<u> </u>	roas	JA.	<del></del>			
-	505	Major	A A	Æ						
_	CORAL	GABU	T FL	3313	34	···········		d arn (	9	
6. The name and : (if changed):	street address of	f the new reg	istered age	nt (if ch	anged) an	d /or registe	ered office	ECRETAR)	4 SEP 10	T
-	11030		25 <sup>+</sup>	h 5	treet	·		OF ST	MH 8:	
_	MIAN	11 F	ر ع	316	2			REA	21	
The street addres as changed will be	s of its register e identical.	ed office and	d the street	addres	s of the bu	isiness offi	ce of its reg	gistered	agent	)
Such change was authorized by the	authorized by board, or the o	resolution d	uly adopte	d by its	board of	directors or	r by an offi	cer so		
	of an officer or due						vi - Cor ame and title)		4	
I hereby accept to I further agree to of my duties, and document is bein corporation has l	he appointment comply with the Lam familiar v g filed merely t been notified in	as registere ne provision: with and acco o reflect a co writing of t	ed agent ar s of all star ept the obi hange in th his change							e s
						5/04				
(Signing on beha	ature of Registered A	- /				(Date)				
Üvi	ped or Printed Name	)	·	·		-				

\* \* \* FILING FEE: \$35.00 \* \* \*