

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000020352

1. Corporation Name

TRAVEL AFFAIRS, INC.

Principal Place of Business

119 SHADOW TRAIL
LONGWOOD FL 32750
US

Mailing Address

P O BOX 33061
JEPPESTOWN 90 2043
+96 SOUTH AFRICA

FILED

99 AUG 20 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

59-3371561

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes

☐

No

2. Principal Place of Business

21 2813 WALDENS POND CV

Suite, Apt. #, etc.

22

City & State

23 LONGWOOD, FL

Zip

24 32779

Country

25 USA

2a. Mailing Address

26 P.O. Box 33061

Suite, Apt. #, etc.

27 JEPPESTOWN

City & State

28

Zip

29 2043

Country

30 SOUTH AFRICA

9. Name and Address of Current Registered Agent

LANE, PAUL C
5401 SOUTH KIRKMAN ROAD STE 500
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D
NAME
CORREIA, ORLANDO M
STREET ADDRESS
119 SHADOW TRAIL
CITY-ST-ZIP
LONGWOOD FL 32750

☐ DELETE

TITLE

D
NAME
CORREIA, NATALIA
STREET ADDRESS
119 SHADOW TRAIL
CITY-ST-ZIP
LONGWOOD FL 32750

☐ DELETE

TITLE

1
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D
NAME
CORREIA, ORLANDO M
STREET ADDRESS
2813 WALDENS POND CV
CITY-ST-ZIP
LONGWOOD, FL 32779

☒ Change ☐ Addition

2.1 TITLE

D
NAME
CORREIA, NATALIA
STREET ADDRESS
2813 WALDENS POND CV
CITY-ST-ZIP
LONGWOOD, FL 32779

☒ Change ☐ Addition

3.1 TITLE

500002974515--0
-08/31/99--01042--018
***150.00 ***150.00

☐ Change ☐ Addition

4.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

ORLANDO CORREIA

AUG 11, 1999 (407) 444-4964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0123798

CR2E034 (5/99)