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FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000038071 (2)

1. Corporation Name

DESTINATIONS PLUS, INC.

Principal Place of Business

200 S BISCAYNE BLVD
SUITE 4920
MIAMI FL 33131-2352

Mailing Address

200 S BISCAYNE BLVD
SUITE 4920
MIAMI FL 33131-2352

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1996

4. FEI Number

65-0671360

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

2. Principal Place of Business
21 25 S.E. 2nd Avenue

Suite, Apt. #, etc.
22 Suite 1135

City & State

23 Miami, FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 25 S.E. 2nd Avenue

Suite, Apt. #, etc.

27 Suite 1135

City & State

28 Miami, FL

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

HERMELEE, BRUCE G
200 S BISCAYNE BLVD
SUITE 4920
MIAMI FL 33131-2352

NOTE NEW
ADDRESS.
SAME AGENT

10. Name and Address of New Registered Agent

81 Name

HERMELEE, BRUCE G.

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

25 S.E. 2nd Avenue, Suite 1135

83

City

MIAMI

FL

85 Zip Code

33131

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D HERMELEE, ELIZABETH

STREET ADDRESS 200 S BISCAYNE BLVD

CITY-ST-ZIP MIAMI FL 33131-2352

TITLE ☐ DELETE

NAME D GOTTLIEB, NORMAN

STREET ADDRESS 200 S BISCAYNE BLVD

CITY-ST-ZIP MIAMI FL 33131-2352

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS 25 S.E. 2nd Avenue, Suite 1135

14 CITY-ST-ZIP MIAMI, FL 33131

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS 25 S.E. 2nd Avenue, Suite 1135

24 CITY-ST-ZIP MIAMI, FL 33131

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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: Elizabeth Hermelee; ELIZABETH HERMELEE 2-10-98 305-373-5444

CR2E034 (10/97)