

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000053029 (0)**

1. Corporation Name

INTERNATIONAL TRAVEL SERVICES CORPORATION

Principal Place of Business

**3400 CORAL WAY, SUITE 208
MIAMI FL 33145**

Mailing Address

**3400 CORAL WAY, SUITE 208
MIAMI FL 33145**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0677178	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SOLARI, AMANDA
829 TANGIER STREET
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	DUARTE, MANUEL
82 Street Address (P.O. Box Number is Not Acceptable)	3400 CORAL WAY - STE. 208
83	
84 City	MIAMI
85 FL	33134

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

U. Duarte

MANUEL DUARTE, President

4/28/98

Signature, typed 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	VPD	1.1 TITLE	
NAME	CONEJERO DE SALOMON, AIDA	1.2 NAME	
STREET ADDRESS	3400 CORAL WAY, SUITE 208	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PCD	2.1 TITLE	
NAME	SOLARI, AMANDA	2.2 NAME	
STREET ADDRESS	3400 CORAL WAY, SUITE 208	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	PCD
NAME	DUARTE, MANUEL	3.2 NAME	DUARTE, MANUEL
STREET ADDRESS	3400 CORAL WAY, SUITE 208	3.3 STREET ADDRESS	3400 CORAL WAY, SUITE 208
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL
TITLE	ST	4.1 TITLE	
NAME	DUARTE, ANA	4.2 NAME	
STREET ADDRESS	3400 CORAL WAY, SUITE 208	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

U. Duarte

4/28/98

(305) 444-1919

CR2E034 3097

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RW
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