

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000077317 (1)

1. Corporation Name

BLACK TRAVEL EXPERIENCE, INC.



Principal Place of Business

16396 NORTHDAL OAKS DRIVE
TAMPA FL 33624-4940

Mailing Address

16396 NORTHDAL OAKS DRIVE
TAMPA FL 33624-1319

2. Principal Place of Business

21 9021 WESTBAY BLVD
Suite, Apt. #, etc.

22 City & State
TAMPA FL

23 Zip Country
33615

24 33615

2a. Mailing Address

26 P.O. BOX 272577
Suite, Apt. #, etc.

27 City & State
TAMPA FL

28 Zip Country
33688-2577

29 33688-2577

3. Date Incorporated or Qualified

09/17/1996

3a. Date of Last Report

4. FEI Number

593406957

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

JACOBS, TONYA A
16396 NORTHDAL OAKS DRIVE
TAMPA FL 33624-1319

10. Name and Address of New Registered Agent

81 Name

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

9021 WESTBAY BLVD

83

84 City TAMPA

FL

85 Zip Code 33615

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 translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JACOBS, TONYA A
STREET ADDRESS 16396 NORTHDAL OAKS DRIVE
CITY-ST-ZIP TAMPA FL 33624-1319

TITLE D
NAME NORWOOD, EDWIN F III
STREET ADDRESS 6243 22ND ROAD NORTH
CITY-ST-ZIP ARLINGTON VA 22205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 9021 WESTBAY BLVD
1.4 CITY-ST-ZIP TAMPA FL 33615

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 Tony Jacobs 11/6/97 2:22 PM 33615

CR2E034 (9/96)