## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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**PROFIT** FLORIDA DEPARTMENT OF STATE FILED **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secreta of State 1997 DIVISION OF CORPORATIONS 98 APR 28 AM 8: 16 P96000090410 (7) DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name MULTIMEDIA TRAVEL COMPANY Principal Place of Business Mailing Address 1031 IVES DAIRY ROAD. SUITE 228 1031 IVES DAIRY ROAD. SUITE 228 REINSTATEME NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 3. Date Incorporated or Qualified 11/04/1996 4. FEI Numbe 2. Principal Place of Business 2a. Mailing Address Applied For 65-0762946 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution Country Zip Źm Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. ☐ Yes 24 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BROOKNER, STEVE E STEPHEN P. WALROTH SADURN Street Address (P.O. Box Number is Not Acceptable) 9500 SOUTH DADELAND BLVD. 82 SUITE 610 Brickell AVE # 1006 **MIAMI FL 33156** 83 84 City Cod AMI Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered emed co office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes. SIGNATURE Signature, typod or prode strame of regelered agent red title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition PD DELETE TITLE 1.1 TITLE MAVROLEON, NICHOLAS NAME 1.2 NAME 1031 IVES DAIRY ROAD, SUITE 228 STREET ADDRESS 1.3 STREET ADDRESS **NORTH MIAMI BEACH FL 33179** CITY-ST-ZIP 1.4 CITY - ST - ZIP DIRECTOR DELETE 2.1 TITLE TITLE MABARAKIS PERICLES NAME 10 BI EVES DAIRY ROAD SUITE 2.3 STREET ADDRESS STREET ADOR 33179 HORTH MIAMI BEACH 2. 4 CITY - ST - ZIP CITY-ST DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3:4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 800002510838 NAME 4. 2 NAME -05/05/98---01057--029 4.3 STREET ADDRESS STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 4.4 CITY - ST - ZIP CITY-ST-ZIF **900002510836-**-05/0<u>5/</u>98--01057--030, DELETE 5.1 TITLE TITLE 5.2 NAME NAME \*\*\*\*750.00 \*\*\*\*750.00 STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 C(TY - S1 - Z(P Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 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). Floride Statutes. 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.