

FILE NOW: FILING FEE AFTER MAY 1 IS \$5000

FILED

May 28 1998 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Bandra B. Merlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000100169 (7)
1. Corporation Name FRANCES TRAVEL INC.

Principal Place of Business 3731 NORTH COUNTRY CLUB DR. APT 124 AVENTURA, FL 33180	Mailing Address SAME
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 12-10-96	3A. Date of Last Report 3-24-97

2. Principal Place of Business 21	2A. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

4. FEI Number 65-0714104	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$9.75 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. 188.002, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent WALOMAN FRANCES S 3731 NORTH COUNTRY CLUB DR. APT 124 AVENTURA, FL 33180	
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10. Name and Address of New Registered Agent	
61 Name	
62 Street Address (P.O. Box Number is Not Acceptable)	
63	
64 City	FL 65 Zip Code

I, pursuant to the provisions of Sections 607.0502 and 607.1805, 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 reappointing)	DATE
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12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WALOMAN, FRANCES 3731 N. COUNTRY CLUB DR. APT 124 AVENTURA, FL 33180
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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 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 18.072(1), 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 appointed 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: X Frances Waloman	X4-30-98	X305-944-4000
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