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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700009003 (9)

INTERNATIONAL COMPANY OF TOURISM & TRAVEL ASSIST ANCE, INC.

| ļ | ANOL, INC. | | | | | | | - | | | HUR (II) AA | |
|--|---------------------------|-----------------|---|---------------------|----|----------------|---|-----------------|---|--------------|-------------------------|--|
| P | rincipal Place of Busines | Mailing Address | | | | 1 | C 1881/1081 (18 1R11: 1R81/1 601/1 R8/1/ 08/1/ 08/1/ | ANTER FRANCISCO | AND WELL | | | |
| 1333 S. MIAMI AVE. SUITE 302 MIAMI FL 33130 | | | 1333 S. MIAMI AVE. Suite 302 Miami Fl 33130 | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| " | | | W | 100100 | | | | 3. | Date Incorporated or Qualified 01/24/1997 | | : | |
| | Principal Place of Busi | noss | 2a. | Mailing Address | | | | 4. | FEI Number | | Applied Fo | |
| 21 | L | | 26 | | | | | | 55-0740901 -142 012 | | Not Applica | |
| 22 | Suite, Apt. #, etc. | | 27 | Suite, Apt. #, etc. | | | | 5. | Certificate of Status Desired | | 5 Additions Required | |
| 23 | City & State | | 28 | City & State | | | | 6. | Election Campaign Financing Trust Fund Contribution | | DO May Be ed to Fees | |
| 24 | Zip | Country 25 | 29 | Zip | 30 | untry | | 8. | This corporation owes or has paid the Personal Property Tax due June 30. | current year | Intangible No | |
| 9. Name and Address of Current Registered Agent | | | | | | | 10, Name and Address of New Registered Agent | | | | | |
| CANAL, EDUARDO A ESQ. 300 SEVILLA AVE. SUITE 208 CORAL GABLES FL 33134 | | | | | | 81 82 83 | Name Street Address (P.O. Box Number is Not Acceptable) | | | | : | |
| | COIVE CHOC | | | | | 84 | City | | | BS 7 | in Code | |

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 energy the registering with and accept the obligations of Section 607 0505. Florida Statutes

| agent. I am tamiliar with, and accont the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | | |
|---|--|----------------------------|-------------------------------------|--|-------|----------|--|--|--|--|--|
| SIGNATURE | Stgnature, typind or printed name of regulared agent and | tille il attriboabile (NOT | E. Registered Agent signature regul | lired when reinstaling) DATE | | | | | | | |
| 12. | OFFICERS AND DIR | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRE | | | | | | | |
| TITLE | PD | DELETE | 1.1 TOLE | □ c | hange | Addition | | | | | |
| NAME | GARCIA, CLAUDIA | | 1.2 NAME | | | | | | | | |
| STREET ADDRESS | 1333 S MIAMI AVE #302 | | 1.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33130 | | 1.4 CITY - ST- ZIP | | 1 | | | | | | |
| TITLE | VD VD | ☐ DELETE | 2.1 TITLE | | hange | Addition | | | | | |
| NAME | FRANCESE, LUIS | | 2.2 NAME | | | | | | | | |
| STREET ADDRESS | 1333 S MIAMI AVE #302 | | 2.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33130 | | 2. 4 CITY-ST-ZIP | | | | | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | hange | Addition | | | | | |
| NAME | | | 3.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | | | | | | |
| TITLE | | ☐ DELFTE | 4 1 TITLE | | hange | Addition | | | | | |
| NAME | | | 4. 2 NAME | | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | : | | | | | | |
| CITY-\$1-ZIP | | | 4.4 CITY-ST-ZIP | | : | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | □ c | hange | Addition | | | | | |
| NAME | | | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | i | | | | | | |
| City-St-ZiP | | | 5.4 CiTY-ST-ZIP | | : | | | | | | |
| TITLE | | DELETE | 6.1 TITLE | □ C | hange | Addition | | | | | |
| NAME | | | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | | | | | |
| CITY-SY-ZIP | | | 6.4 CITY-ST-ZIP | | | | | | | | |

14. Thereby 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 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 trusteet 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 any utificities that the information indicated on this annual report is true.

SIGNATURE:

bnusey, 12 198 (305) 358-3285

72E034 (10/97)

FILED

Feb 12 1998 8:00am

Secretary of State