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

PROFIT		FLORIDA DEPARTMENT OF STATE] Jun 17 1998 8:00ar		
CORPORATION		Sandra B. Mogham - 🔏		Secretary of State		
ANNUAL REPORT		Secretary of State		Secreta	ary or State	
DOCUMENT # P 9700067617 1. Corporation Name International Prestige Travel						
Services, Inc.						
Principal Place of Business Mailing Address 3800 S. OCEAN DR. # 210						
Howwood, FL 33019				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified AUGUST 5 1997		
		2a. Mailing Address		4. FEI Number 65-0772408	Applied For Not Applicable	
Suite, Apt. #, etc.		Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 26	Zip 29	Country 30	This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
George J. Blaustein B1 Name Nikolai Chimanski						
#501-20801 Biscayne BLVD. B2 Street Address (P.O. Box Number is Not Acceptable) 3200 S. Ocean DR # 210						
Aventura, FL 33180 B3 Hollywood, FL 33019						
	750		84 City	40000	85 Zip 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 sutherized 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 507.0505, Florida Statutes.						
				Agent signature required wifen reinstating)	DATE	
12.	OFFICERS AND I		93.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS:	DIRECTOR . NIROLAI CHIMI 3505 S. OLEAN	ANSKI	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		Change Addition	
CITY - ST - ZIP	Holly WOOD, I	LL 33019	1.4 CITY - ST - ZIP		🖺	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	,	[] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		Change	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	80000296 -06/18/98010 ***150.00	123-038 /61	
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 directify 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 13 of Block 73 if changed, or on an attachment with an address.						