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 # P97000074755 (4)

FILED Jun 30 1998 8:00am Secretary of State

| INIEKN | IATIONAL THAVELENS A | 15515TANGE STOTEMS, | INC. | | | | |
|---|---|-------------------------|-----------------------|-------------------------|--|----------------------------|--|
| Principal Plac | e of Business | Mailing Address | | | * 1 1000(000); 110 ENITE FRANC ORIES DURIS DURIS DURIS DURIS FRANC DE PER DE PROPER DE | (4)) | |
| 13500 S.W. 88TH ST., SYE. 180 13500 S.W. 88TH ST., STE. MIAMI FL 33186 MIAMI FL 33186 | | | STE. 180 | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date incorporated or Qualified | | |
| } | <u> </u> | | | | 08/27/1997 | 1 | |
| 2. Principal P | rincipal Place of Business 2a. Mailing Address 26 | | | | 4. FEI Number Applied | Applied For Not Applicable | |
| Suite, Apt. | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional | | |
| 27 | | | | | Fee Require | ed | |
| City & Stat | City & State City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | 28 | | | Trust Fund Contribution | | 08 | |
| Žip | Country | Zip | Country | | B. This corporation owes or has paid the current year Intangible | | |
| 24 | 25] | 29 | 30 | | Personal Property Tax due June 30. Yes No | | |
| | 9, Name and Address of Cu | Irrent Registered Agent | 81 / | Name | 10. Name and Address of New Registered Agent | | |
| | ALA; JULIO J | | · [*'[' | rvarne | | Į | |
| 2300 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI FL 33131-4329 | | | _ا_ا | Street Addre | ddress (P.O. Box Number is Not Acceptable) | | |
| } | | | 83 | | | _ i | |
| | <u>.</u> | | 84 (| City | FL 85 Zip Code | , | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the al | | | | named corpo | pration submits this statement for the purpose of changing its rec | istered | |
| 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, lyped or printed name of registers | | OTE: Registored Agent | | | | |
| 12. | | S AND DIRECTORS | 13. | signature reduired | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | 12 [| |
| TITLE | DOECNEUT | DELETE | 1.1 TITLE | | | Addition \$ | |
| NAME | WELLER CERE | CARRIAN | 1.2 NAME | 1 | | | |
| STREET ADDRESS | MICHAEL CARE | tiet 14.180 | 1,3 STREE1 AD | ODRESS | | [8 | |
| CITY-ST-ZIP | Maini FL | ocion 33186 | 1.4 CITY-ST-2 | ì | | | |
| TITLE | 72.000- | DELETE | 21 TITLE | | ☐ Change | Addition C | |
| NAME | | | 2.2 NAME | , | | | |
| STREET ADDRESS | 7 | | 2.3 STREET AD | NDRESS | | | |
| CITY-ST-ZIP | 7,8 | | 2.4 CITY-ST- | | * *** | 1 | |
| TITLE | | DELETE - | | | Change | Addition | |
| NAME | 3 | | 3.2 NAME | | | - 1 | |
| STREET ADDRESS | | | 3.3 STREET AD | DORESS | |) | |
| CITY-ST-ZIP | i i | | 3.4. CITY-SI- | | | i | |
| TITLE | | DELETE | 4.1 TITLE | | ☐ Change | Addition | |
| NAME | <u>*</u> | | 4. 2 NAME | 1 | | | |
| STREET ADDRESS | 5 | | 4.3 STREET AD | ODRESS | | İ | |
| CITY-ST-ZIP | ř | | 4.4 CITY-ST-Z | 1 | | | |
| TITLE | | DELETE | 5.1 TITLE | | Change | Addition | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET AD | IDRESS | | - | |
| CITY - ST - ZIP | | | 5.4 CITY-ST-2 | | | | |
| TITLE | | DELETE | 6.1 TITLE | EP . | Change | Addition | |
| NAME | | | 6.2 NAME | ľ | 9000025759 5 9 -07/01/9801014028 ***150.00 | 9/00 | |
| 1 1 | | | | nnecee | -0 7/0 1/98010140 28 | 1, 14 | |
| STREET ADDRESS | યુ | | 6.3 STREET AD | runE33 | ***150.00 | 10" | |

14. Thereby certify that the information supplied with this filling 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 changing, or on an attachment of the paddress.