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 # P97000085019 (2)

EXA TRAVEL GROUP, INC.

Principal Place of Business Mailing Address

FILED Mar 04 1998 8:00am Secretary of State



9200 S. DADI MIAMI FL 331	ELAND BLVD., SUITE 100 56	9200 S. DADELAND BLV Miami FL 33156	9200 S. DADELAND BLVD SUITE 100 MIAMI FL 33156			DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 09/29/1997				
2. Principal P	2a. Mailing Address	g Address			4. FEI Number	Ar	oplied For			
21		26				65-0783213	No	ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u>-</u> -¬			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9	City & State	-			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	·			8. This corporation owes or has paid the cu	rrent year Int	angible		
24	25 29 30			Personal Property Tax due June 30. Yes No						
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
DARROW, KENNETH F				"	INSIDE					
9200 S. DADELAND BLVD., SUITE 100				82	Street	treet Address (P.O. Box Number is Not Acceptable)				
MIA	AMI FL 33156			83						
				64	City		85 Zip (Code		
						FL	- T			
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typicd or printed name of regulated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.		AND DIRECTORS	13.	d Age	nt signature	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	RS IN 12		
TITLE	D	DELETE	1.1.7	ITI E		PRESIDENT	Change	Addition		
NAME	CURRAN, JOHN	_	12 N	AME		TRESTOEN!				
STREET ADDRESS	9200 S. DADELAND BLVD.	SUITE 100			ADDRESS					
CITY-ST-ZIP	551414 F1 00450			1.4 CITY - ST - ZIP						
TITLE	D	☐ DELETE	2.1 T			SECRETARY-TREASURER	Change	Addition		
NAME	PRISKIE, STANLEY		2.2 N	AME		and the the transfer	•			
STREET ADDRESS	9200 S. DADELAND BLVD.	SUITE 100	2.3 S	TREFT	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33156		2.40	HTY-S	T-ZIP			ĺ		
TITLE		DELETE	3.1 T	TLE			Change	Addition		
NAME			3.2 N	AME						
STREET ADDRESS			3.3 \$	TREET	ADDRESS					
CITY-ST-ZIP			3.4. 0	JTY-S	T-ZIP					
TITLE		DELETE	4.1 T	TLE			Change	Addition		
NAME			4.21	AME				ľ		
STREET ADDRESS			4.3 S	TREET	ADDRESS					
CITY-ST-ZIP			4.4 C	TY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TI	TLE			Change	Addition		
NAME			5.2 N	AME				1		
STREET ADDRESS			5.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	_ <u></u>		5.40	TY-S	T-ZIP					
TITLE		DEL ET E	6.1 TI	TLE	-		Change	☐ Addition		
NAME			6.2 N	AME				J		
STREET ADDRESS		all .	6.3 S	TREET	address			}		
CITY-ST-ZIP			6.4 C							
	ertify that the information supplier	d with the filing does not qualify for				ed in Section 119 07(3)(i) Florida Statutes, Lifurther or	artify that the	information		

sharp does not qualify for the exemption islated in section 119.07(3)(i), Florida Statutes. I further derify that the information of the port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an over or truetge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the sharp address. officer or director of the corporation or the re-Block 12 or Block 13 if Changed, or on an