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May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90091 033 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000085019

1. Corporation Name  
EXA TRAVEL GROUP, INC.

Principal Place of Business  
9200 S. DADELAND BLVD., SUITE 100  
MIAMI FL 33156

Mailing Address  
9200 S. DADELAND BLVD., SUITE 100  
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/29/1997

4. FEI Number  
65-0783213

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 440 S. FEDERAL HWY  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 104  
City & State

27 SAME  
City & State

23 DEERFIELD BCH, FL  
Zip Country

28  
Zip Country

24 33441 25 US

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DARROW, KENNETH F  
9200 S. DADELAND BLVD., SUITE 100  
MIAMI FL 33156

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 9350 S. DIXIE HWY  
84 1550  
City MIAMI FL 85 Zip Code 33156

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME CURRAN, JOHN  
STREET ADDRESS 9200 S. DADELAND BLVD., SUITE 100  
CITY-ST-ZIP MIAMI FL 33156

1.1 TITLE D  
1.2 NAME  
1.3 STREET ADDRESS 440 S. FEDERAL HWY #104  
1.4 CITY-ST-ZIP DEERFIELD BCH, FL 33441

TITLE ST  
NAME PRISKIE, STANLEY  
STREET ADDRESS 9200 S. DADELAND BLVD., SUITE 100  
CITY-ST-ZIP MIAMI FL 33156

2.1 TITLE P, D  
2.2 NAME  
2.3 STREET ADDRESS 440 S. FEDERAL HWY, #104  
2.4 CITY-ST-ZIP DEERFIELD BCH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stanley Priskie* *Stanley Priskie* *Attn: 954-725-5570*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

0229011