

04/12/99 12:30 FAX 13053750040

UNO REMITTANCE

003/003

03221999-90053-018-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																					
DOCUMENT # P97000100064																																																																																																																																							
1. Corporation Name UNO TRAVEL, INC.																																																																																																																																							
Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33496		Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33496																																																																																																																																					
DO NOT WRITE IN THIS SPACE																																																																																																																																							
2. Principal Place of Business 21. 100 N. Biscayne Blvd.		2a. Mailing Address 26. 100 N. Biscayne Blvd.																																																																																																																																					
Suite, Apt. #, etc. 22. 1001		Suite, Apt. #, etc. 27. 1001																																																																																																																																					
City & State 23. Miami, FL		City & State 28. Miami, FL																																																																																																																																					
Zip 24. 33132		Zip 29. 33132																																																																																																																																					
Country 25. USA		Country 30. USA																																																																																																																																					
9. Name and Address of Current Registered Agent TENENHOLTZ, JOHN S 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33496		10. Name and Address of New Registered Agent 81. Name Freeman, Stephen A. 82. Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Dr. Suite 0-305 83. 84. City Miami 85. State FL 86. Zip Code 33131																																																																																																																																					
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 <i>[Signature]</i>		DATE 03/11/99																																																																																																																																					
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																																					
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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:

[Signature] OSCAR GARCIA, JR.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/99 (305)377-4000

Date

Document Page #

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