CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000105290 (5)

UNION TRAVEL ASSOCIATES OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address

99 JAN -8 AM 11: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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MIAMI-I-L-0010	H- Mi	ami, FL	33181	-M	IAMI I E JO	nu f)	Miam.	i, FL	3	3181	 -	3. Date Incorporated or Qualified			787 (M	A
						<u>-</u>		<u> </u>	_	_ <u></u>		12/15/1997			UN-1	<u> </u>
2. Principal P				2	a. Mailing						··· 4	FELNumber	500		Applied For	
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Suite, Apt.	#, etc.			27	Suite, A	pt. #, etc.					5	5. Certificate of Status Desired			.75 Additional ee Required	
City & Stat	te				City & S	State					6	6. Election Campaign Financing		\$!	5.00 May Be	
23 <u>M</u>	iami,	Flori	ida	28	M	iami	, F	lori	đ	a		Trust Fund Contribution			dded to Fees	
Zip		Countr			Zip			Country			8	3. This corporation owes or has	paid the curr	ent ve	ar Intangible	
24 3318	81	25 T	JSA	29	33	181	30	o	•	USA	ľ	Personal Property Tax due Ju		Yes	☐ No	
	9. Name	e and Addr	ess of Curre	ent Regi	stered Ag	ent			_		10	. Name and Address of New I	Registered A	gent		
CAR	MICHAEL.	KEVIN ES	0					81	ıŢ	Name		2 41 22				
		L AVENUE						-	4	1 A		las Studds	1.1.5			_
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				_				84		City	Miami		FL	85	Zip Code 33181	
11. Pursuant	t to the provi	islons of sec	tions 607.05	02 and 6	07.1508, F	lorida Sta	tutes,	the above	3-N	amed co	orporation	submits this statement for the p	urpose of cha	inging	its registered	
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, types	d or printed party	e of registered ag	nent and file	if applicable.		/NOTE	Registered A	Age	ent signature	e required wh	hen reinstating)	DATE			
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	rtify that the	information	supplied wit	th this fili	na does no	t qualify fo	or the e				section 11	19.07(3)(i), Florida Statutes. I fur	her certify th	at the	information	ᅱ
indicated o an officer o	n this annua or director of	al report or s f the corpora	supplementa	annual eceiver c	report is tr or trustee e	ue and ac impowered	curate	and that	m	v signati	ure shall i	have the same legal effect as if by Chapter 607, Florida Statute	made under	oath:	that I am	

SIGNATURE:

Dale

Daytime Phone #