	PLEASE RE	AD ALL INSTRU	CTIONS	BEFORE C	OMPLET	ING THIS FORM.		
	PLICATION FOR	FLORIDA DE Ka		IT OF STATE		FILE	n	
KEIN	ISTATEMENT **		N OF CORPOR	ATIONS	Lan ton to			
DOCUMENT # P98000040069 1. Coproration Name					99 NOV 12 AH 11: L.1			
SUFER TRAVEL SERVICES GROUP, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Malling A			dress					
32 E 48TH HIALEAH F		32 E 48TH STREET HIALEAH FL 33013						
	addresses are incorrect in any way, incipal Office Address, If Applicable						,	
Suite, Apt. #, etc		1198	3. New Mailing Office Address, If Applicable 11 98 W 2.3 57 Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida O5/04/1998		
		IN COR				0835081	Applied For	
14/1/	COUNTY COUNTY	HIALE	HIALEAH - FLORIOA			\$8.75	Not Applicable Additional free required	
	012 USA	ar and/or Director (Florida p		ISA			a Corbbicate of Status	
Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director		City / State / Zip		
PD	LAZO, ROGELIO	201 13	1361 W. 37th STREET			HALEAH FL 93013- 330/2		
VD	COLL, ARMANDO H		1361 W 37TH ST 32 2 40TH 0TM227 1361 W. 37th STREET			HIALEAH FL 33012		
STD	VELEIRO, CANDIDA					HALEAH FL-39019 330/2		
		REINST	TATEN	MENT_	99:	T8		
				, —	•			
	8. Name and Address of C	arrent Registered Agent			9. Name and	Address of New Registered Aç	jent	
1470	, ROGELIO			Name			(668)	
		U 37 ST		Street Address (F	O. Box Number		1836 Å	
	AH FL 33013 HIA/E	U 37 ST Ah F/ 330	30/2 Suite, Apt. W, Etc		;			
				City			Zip Code	
10. I, beir Signature Registered		he alrove named corporation	POL	th and accept the o	bligations of Sec		1/99	
this rei owed b	y that I am an officer or director or the nstatement application, the reason for by the corporation have been paid an application is true and accurate, and	e receiver or trustee empower or dissolution has been elimind the names of individuals li	ered to execute nated, the corpo isted on this for	rate name satisfies in do not qualify for	the requirements an exemption un	of section 607.0401 or 617.040	1, F.S., that all fees	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000000

11/9/99 (305) 863-0023 Deptine Phone # #X 305-863-0901