2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000042874 1. Entity Name TRAVEL & VACATION CONNECTION INC.

Mailing Address

MIAMI FL 33173-3021

10300 SUNSET DR., SUITE 417

FILED Jan 14, 2000 8:00 am Secretary of State

01-14-2000 90046 050 ***155.00

2. Principal Place of Business 3. Mailing Address 10300 SUNSET DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0835809

Country

(NOTE: Registered Agent signature required when reinstating)

6. Name and Address of Current Registered Agent

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

5. Certificate of Status Desired

Not -\$8.75 Additional

7. Name and Address of New Registered Agent

BOSCH, HUGO D 10300 SUNSET DR., SUITE 275-1 MIAMI FL 33173

FLURID

Principal Place of Business

10300 SUNSET DR., SUITE 417

MIAMI FL 33173

MIAMI

Zip

SIGNATURE

3 ጌ

Name HUGO RoscH \mathcal{D} .

Street Address (P.O. Box Number is Not Acceptable)

DATE

1.00 A 1.00 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change TITI F TITLE □ Délete BOSCH, HUGO D NAME NAME 10300 SUNSET DR., SUITE 275-I STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 ☐ Change TITLE ☐ Delete NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE RAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete ☐ Addition TITLE NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR