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Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90009 014 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000054994 ✓

1. Corporation Name

TRAVEL RETAIL SERVICES CORP.

Principal Place of Business

~~2100 SALZEDO STREET  
SUITE #303  
CORAL GABLES FL 33134~~

Mailing Address

~~2100 SALZEDO STREET  
SUITE #303  
CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1998

4. FEI Number

65-0844861

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 13851 SW 67 CT

Suite, Apt. #, etc.

22 City & State

Miami FL

23 Zip

33158

Country

USA

2a. Mailing Address

26 13851 SW 67 CT

Suite, Apt. #, etc.

27 City & State

Miami FL

28 Zip

33158

Country

USA

9. Name and Address of Current Registered Agent

~~LOWENSTEIN, EDOTA  
2100 SALZEDO STREET  
SUITE #303  
CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name

STEPHANE CHAYEGAN

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

13851 SW 67 CT

83

84 City

Miami

FL

85 Zip Code

33158

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

8/14/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CHAYEGAN, STEPHANE  
STREET ADDRESS 2100 SALZEDO STREET, SUITE #303  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD  
STEPHANE CHAYEGAN  
1.3 STREET ADDRESS 13851 SW 67 CT  
1.4 CITY-ST-ZIP Miami, FL 33158

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(l), 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 807, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

2/15/99

305 971 4073

DATE

Daytime Phone #

CR2E034 (1/98)