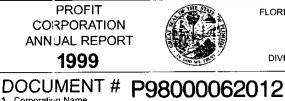
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

OKALOOSA TRAVEL INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretar / of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address 9255 S.W. 42ND TERRACE 9255 S.W. 42ND TERRACE MIAMI FL 33165 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/14/1998 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0851229 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This conporation owes the current year Intangible Zip Personal Property Tax. 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TUDELA, MAYDA 82 Street Address (P.O. Box Number is Not Acceptable) 9255 S.W. 42ND TERRACE **MIAMI FL 33165** 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutus, the above-named corporation submits this statement for the purpose of changing its religious 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 nam and registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Addition ☐ Change **PVST** □ DELETE 1.1 TITLE TITLE 1.2 NAME NAME TUDELA, MAYDA 9255 S.W. 42ND TERRACE 1.3 STREET ADDRESS STREET ADDRES **MIAMI FL 33165** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 2.1 TITLE TUDELA, MAYDA 2.2 NAME NAME 9255 S.W. 42ND TERRACE STREET ADDRES 2.3 STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP 2 4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRES 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRES CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRES 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ☐ Change 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 a nural report is to an 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.

6 4 CITY-ST-ZIP

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034