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

PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000088461

1. Corporation Name

ANTARES TRAVEL, INC.

## **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90073 035 \*\*\*150.00



	·				
Principal Place of Business Mailing Address					0 (00%) det 140 (00%) (011) Antil antil Antil Antil Antil Antil (010)
5555 COLLINS AVENUE         5555 COLLINS AVENUE           APT. 15-W         APT. 15-W           MIAMI FL 33140-2545         MIAMI FL 33140-2545					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 10/16/1998
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21         5581         S.W.         8         STREET         26           Suite, Apt. #, etc.         Suite, Apt. #, etc.         Suite, Apt. #, etc.					
22	#, <del>G</del> (C, )	27			5. Certificate of Status Desired Fee Required
City & State	9 ,	City & State			6. Election Campaign Financing \$5.00 May Be
23 MIAM	I, FLORIDA	28	i]		Trust Fund Contribution Added to Fees
			Countr	y	8. This corporation owes the current year Intangible
24 3313	4 <b>25</b> DADE	ADE 2930			Personal Property Tax.
Name and Address of Current Registered Agent			81	Name	10. Name and Address of New Registered Agent
TAVARES, GEORGE M JR. 407 LINCOLN ROAD SUITE 11-B MIAMI FL 33139			82 83 84	3	Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Code
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, toped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1.1 TITLE		V.P. Change Addition
NAME	CABANAS, JUANITA C		1.2 NAME		VINCENT TROJAOLA
The state of the s		1.3 STREE	TADDRESS	5555 COLLINS AVE. SUITE #15W	
		14 CITY-:	ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
,			2.3 STREET ADDRESS		
		2. 4 CITY-	ST-ZIP		
TITLE	,	☐ DELETE	3.1 TITLE		Change Addition
			2.2 81884		

3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIF CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CÎTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change 6.1 TITLE ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 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.

SIGNATURE: