## FOR PROFIT CORPORATION

FILED May 27, 2002 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000075342 05-27-2002 90474 034 \*\*\*150 00 1. Entity Name TRAVEL FOR LESS, INC. 866617 DO NOT WRITE IN THIS SPACE 1000年前,1980年的1980年 2. Principal Place of Business 3. Mailing Address 4132 SW 61 AV. 4132 JW 61 AV. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0940731 Not Applicable MiAMi FL MIAMI Country \$8.75 Additional Country Zip 5. Certificate of Status Desired USA USA Fee Required 33155 7. Name and Address of Current Registered Agent Name ARTURO REVIVOSO DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Mirmi 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed name of registered agent and title if applicable. January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE P, S, D ARTURO REYNOUS NAME . NAME 4132 JW 61 AV. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP, ... CITY-ST-7IP Mram:, FL 33155 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP البت ما TITLE . TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE 1. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME 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 truttee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with the information supplied with the information indicated on this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or on an attachment with the information indicated on this report of the corporation of the receiver of truttee employers. mpowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

STREET ADDRESS

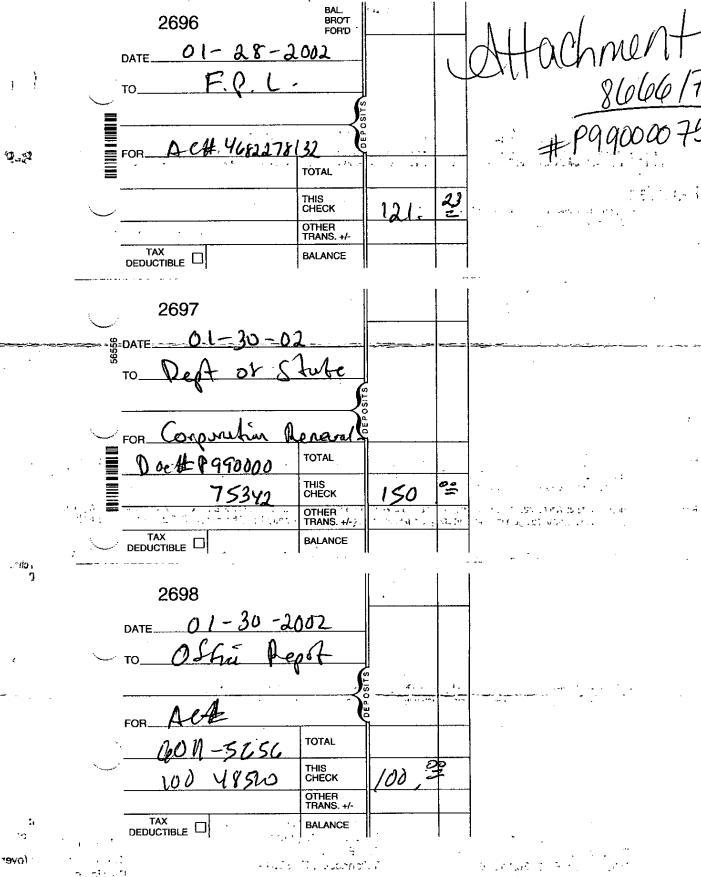
STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

ARTURA REYNOSO SIGNATURE AND TOPED OR ARMTED NAME OF SIGNING OFFICER OR DIRECTOR



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DEPT OF STATE DOC:99000075342

AS PER OUR TELEPHONE CONVERSATION, I AM RESENDING YOU THE CHECK LOST ON THE MAIL FOR THE RENEWAL OF THE CORPORATION.

ATTACHED TO THE CHECK THERE IS A CHECK STAB FROM THE LOST CHECK.

IF YOU NEED ADDITIONAL INFORMATION, PLEASE DO NOT HESITATE TO CONTACT ME AT (305) 662 – 6602

SINCERELY YOURS,

ARTURO REYNOSO