

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

FILED

Jan 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S03290** (1)

1. Corporation Name  
**TRAVEL MARKETING CONSULTANTS CORP.**

Principal Place of Business

**5000 NW 36TH ST  
MIAMI FL 33178  
US**

Mailing Address

**9439 NW 54TH DORAL CIR. LANE  
MIAMI FL 33178-2050**



3. Date Incorporated or Qualified **09/20/1990** 3a. Date of Last Report **01/23/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0215268</b>		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip Country		28. Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Zip		25. Country		29. Zip		30. Country	

9. Name and Address of Current Registered Agent

**FARR, NEAL E.  
1550 MADRUGA AVE  
SUITE 120  
CORAL GABLE FL 33146**

10. Name and Address of New Registered Agent

81. Name **CHANGE OF ADDRESS**  
 82. Street Address (P.O. Box Number is Not Acceptable) **8190 SW 108 ST**  
 83.   
 84. City **MIAMI FL** 85. Zip Code **33156**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	D	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARR, NEAL E.	2.2 NAME	
STREET ADDRESS	1550 MADRUGA AVE #120	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL MIAMI FL 33156	1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	PD	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANDIS, RHODA	2.2 NAME	
STREET ADDRESS	9439 NW 54 DORAL CIR LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	STD	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANDIS, LEO	3.2 NAME	
STREET ADDRESS	9439 NW 54 DORAL CIR LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 in an attachment with an address.

SIGNATURE:

**Leo Landis** 1/18/97 305 876-0056  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)