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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90002 011 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S03290 1. Corporation Name

TRAVEL MARKETING CONSULTANTS CORP.

THAVEL MAINLETING CONCOLLA				_				
Principal Place of Business	Mailing Address				110011011111111111111111111111111111111			
5000 NW 36TH ST	P.O. BOX 661538					•		
MIAMI FL 33178 MIAMI SPRINGS FL 33266 US US					DO NOT ME	ITE IN THIS	SDACE	
					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	1		-
					09/20/1990	.,,		pplied For
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		<u> </u>	ot Applicable
21	26				65-0215268			Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.	~ -			5. Certificate of Status Desired			equired
22	27							
City & State	City & State			•	6. Election Campaign Financing			May Be
23	28				Trust Fund Contribution			to Fees
Zip Country	Zip	Coun	ry		8. This corporation owes the cu	rrent year Int	angible	
24 25	29	30			Personal Property Tax.		Yes	□No
9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New	Registered	Agent	
	· -		I1 Na	me	•			
FARR, NEAL E.		-	12 Str	oot Addro	ess (P.O. Box Number is Not Accep	ntable)		
11100 SW 64 AVE		'	2 30	eet Addre	355 (F.O. DOX 140111DB) 15 140(7.005)			
MIAMI FL 33156		1	33		1.10.10.10.10.10.10.10.1	33 Mar. 11.	9113 M	\$141.55
Mean 12 00100						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		1 -, 1,5, 152
		[8	34 Cit	у	The second secon		85 Zip	Code
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sacent Lam familiar with, and accept the of				med corpo corporation	oration submits this statement for the in's board of directors. I hereby acc	ept the appoi	ntment as r	egistered
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar with, and accept the observations. SIGNATURE Signature, typed or printed name of registeres.	oligations of, Section 607.0505, F	lorida Statut	es.	o porano	l when reinstating)	DATE		
office or registered agent, or both, in the Sagent. I am familiar with, and accept the ob- SIGNATURE Signature, typed or printed name of registeres	digations of, Section 607.0505, F digations of applicable. (NC S AND DIRECTORS	lorida Statut	es.	o porano	when reinstating) ADDITIONS/CHANGES TO C	DATE	ID DIRECT	ORS IN 12
office or registered agent, or both, in the Sagent. I am familiar with, and accept the ot SIGNATURE Signature, typed or printed name of registeres	digations of, Section 607.0505, F	TE: Registered A	es. gent signa	o porano	l when reinstating)	DATE		ORS IN 12
agent. I am familiar with, and accept the of SIGNATURE Signature, typed or printed name of registeres 12. OFFICERS TITLE OFFICERS	digations of, Section 607.0505, F digations of applicable. (NC S AND DIRECTORS	TE: Registered A	es. gent signa	o porano	when reinstating) ADDITIONS/CHANGES TO C	DATE	ID DIRECT	ORS IN 12
agent. I am familiar with, and accept the of SIGNATURE Signature, typed or printed name of registere. 12. OFFICERS TITLE D FARR, NEAL E.	digations of, Section 607.0505, F digations of applicable. (NC S AND DIRECTORS	TE: Registered A 1.1 TITL 1.2 NAA	es. gent signa	ature required	when reinstating) ADDITIONS/CHANGES TO C	DATE	ID DIRECT	ORS IN 12
coffice or registered agent, or both, in the Sagent. I am familiar with, and accept the of SIGNATURE SIGNATUR	digations of, Section 607.0505, F digations of applicable. (NC S AND DIRECTORS	TE: Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR	es. gent signa	ature required	when reinstating) ADDITIONS/CHANGES TO C	DATE	ID DIRECT	ORS IN 12
agent. I am familiar with, and accept the of SIGNATURE SIGNATURE 12. OFFICERS TITLE NAME STREET ADDRESS CITY- ST- ZIP Agent. I am familiar with, and accept the of SIGNATURE MIAMI FL 33156	digations of, Section 607.0505, F digations of applicable. (NC S AND DIRECTORS	TE: Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR	es. gent signa E IE EET ADDI	ature required	d when reinstating) ADDITIONS/CHANGES TO C	DATE	ID DIRECT	ORS IN 12
coffice or registered agent, or both, in the Sagent. I am familiar with, and accept the other signature, typed or printed name of registeres. 12. OFFICERS 11. OFFICERS PD TITLE D FARR, NEAL E. 11100 SW 64 AVE. MIAMI FL 33156 PD	AND DIRECTORS	TE: Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITT	es. gent signa E E E E E T ST ZIP	ature required	when reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECT	ORS IN 12
office or registered agent, or both, in the Sagent. I am familiar with, and accept the of SIGNATURE 12. OFFICERS TITLE D NAME FARR, NEAL E. STREET ADDRESS 11100 SW 64 AVE. MIAMI FL 33156 TITLE PD NAME LANDIS, RHODA	And DIRECTORS DELETE	TE: Registered A 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAN	gent signal E E EET ADDI '-ST-ZIP E	ature required	d when reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECT	ORS IN 12
office or registered agent, or both, in the sagent. I am familiar with, and accept the otom. SIGNATURE Signature, typed or printed name of registeres. 12. OFFICERS TITLE D NAME FARR, NEAL E. 11100 SW 64 AVE. MIAMI FL 33156 PD NAME LANDIS, RHODA STREET ADDRESS 9439 NW 54 DORAL CIR LE	And DIRECTORS DELETE	TE: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR	gent signa E E EET ADDI '-ST-ZIP E IE EET ADDI	ature required	d when reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECT	ORS IN 12
office or registered agent, or both, in the Sagent. I am familiar with, and accept the ot SIGNATURE 12. OFFICERS TITLE D NAME FARR, NEAL E. 11100 SW 64 AVE. MIAMI FL 33156 TITLE PD LANDIS, RHODA STREET ADDRESS OFFICERS CITY-ST-ZIP MIAMI FL 33178	And DIRECTORS DELETE	TE: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR	es. gent signa E E E E F ST-ZIP E IE E E T ST-ZIP	ature required	d when reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECT	ORS IN 12 Addition
office or registered agent, or both, in the sagent. I am familiar with, and accept the ot signature. Signature, typed or printed name of registeres. 12. OFFICERS 1110 SW 64 AVE. MIAMI FL 33156 TITLE PD NAME LANDIS, RHODA STREET ADDRESS 9439 NW 54 DORAL CIR LIMITURE TITLE STD.	And Direction 607.0505. For special control of the profit	TE: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL	gent signa E E E E E E E E E E E E E	ature required	d when reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECT Change	ORS IN 12 Addition
office or registered agent, or both, in the sagent. I am familiar with, and accept the ot signature. Signature, typed or printed name of registeres. 12. OFFICERS 12. OFFICERS 13. OFFICERS 14. OFFICERS 15. OFFICERS 11. OF	DELETE	TE: Registered A 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAN 2.3 STR 2. 4 CIT 3.1 TITL 3.2 NAN	gent signa E E E E E E E E E E E E E	ature required	d when reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECT Change	ORS IN 12 Addition
office or registered agent, or both, in the sagent. I am farniliar with, and accept the ot signature, typed or printed name of registeres. 12. OFFICERS 12. OFFICERS 12. OFFICERS 13. OFFICERS 14. OFFICERS 15. OFFICERS 16. OFFICERS 17. OFFICERS 11. OFFICERS 11	DELETE	TE: Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR	gent signal E IE EET ADDI '-ST-ZIP E IE EET ADDI Y-ST-ZIP E IIE IIE IIE	ature required RESS	d when reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECT Change	ORS IN 12 Addition
office or registered agent, or both, in the sagent. I am familiar with, and accept the otset agent. I am familiar with, and accept the otset agent. I am familiar with, and accept the sagent agent. I am familiar with a sagent agent agent. I am familiar with a sagent agent agent. I am familiar with a sagent agent agent agent agent	DELETE DELETE	TE: Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT	gent signal E EET ADDI '-ST-ZIP E EET ADDI Y-ST-ZIP E IE EET ADDI Y-ST-ZIP E IE Y-ST-ZIP	ature required RESS	d when reinstating) ADDITIONS/CHANGES TO C	DATE FFICERS AN	ND DIRECT Change	ORS IN 12 Addition Addition
office or registered agent, or both, in the sagent. I am familiar with, and accept the ot signature, typed or printed name of registeres. 12. OFFICERS 12. OFFICERS 12. OFFICERS 13. OFFICERS 14. OFFICERS 15. OFFICERS 16. OFFICERS 17. OFFICERS 11.	DELETE	TE: Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR 2.4 CIT 3.1 TITL 2.2 NAA 3.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 4.1 TITL 4	E E E E E E E E E E E E E E E E E E E	ature required RESS	d when reinstating) ADDITIONS/CHANGES TO C	DATE FFICERS AN	DIRECT Change	ORS IN 12 Addition Addition
office or registered agent, or both, in the sagent. I am familiar with, and accept the otset agent. I am familiar with, and accept the otset agent. I am familiar with, and accept the sagent agent. I am familiar with a sagent agent agent. I am familiar with a sagent agent agent. I am familiar with a sagent agent agent agent agent	DELETE DELETE	TE: Registered A 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAN 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CITT 4.1 TITT 4.2 NAN	gent signi E E E E E E E E E E E E E	ature required	d when reinstating) ADDITIONS/CHANGES TO C	DATE FFICERS AN	DIRECT Change	ORS IN 12 Addition Addition
office or registered agent, or both, in the sagent. I am familiar with, and accept the ot signature, typed or printed name of registeres. 12. OFFICERS 12. OFFICERS 12. OFFICERS 13. OFFICERS 14. OFFICERS 15. OFFICERS 16. OFFICERS 17. OFFICERS 11.	DELETE DELETE	TE: Registered A 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAN 2.3 STR 2.4 CITI 3.1 TITL 3.2 NAN 3.3 STR 3.4 CITI 4.1 TITL 4.2 NA 4.3 STR 4.3 STR	es. E E E E E E E E E E E E E E E E E E	ature required	d when reinstating) ADDITIONS/CHANGES TO C	DATE FFICERS AN	DIRECT Change	ORS IN 12 Addition Addition
office or registered agent, or both, in the sagent. I am familiar with, and accept the ot signature, typed or printed name of registeres. 12. OFFICERS 12. OFFICERS 12. OFFICERS 13. OFFICERS 14. OFFICERS 15. OFFICERS 15. OFFICERS 16. OFFICERS 17. ST. ZIP 17. ITLE 17. NAME 17. ITLE 17	DELETE	TE: Registered A 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAN 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CITT 4.1 TITT 4.2 NAN 4.3 STR 4.4 CITT	es. E E E E E E E E E E E E E E E E E E	ature required	d when reinstating) ADDITIONS/CHANGES TO C	DATE FFICERS AN	DIRECT Change	ORS IN 12 Addition Addition
office or registered agent, or both, in the sagent. I am familiar with, and accept the ot signature, typed or printed name of registeres. 12. OFFICERS 12. OFFICERS 12. OFFICERS 13. OFFICERS 14. OFFICERS 15. OFFICERS 16. OFFICERS 17. STREET ADDRESS 17. ST. ZIP 17. AME 17. ST. ZIP	DELETE DELETE	TE: Registered A 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAN 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CITT 4.1 TITT 4.2 NAN 4.3 STR 4.2 TITT 5.1 TITT 5.1 TITT 5.1 TITT 5.1 TITT 5.1 TITT	gent signi E E EET ADDI F E E E E E E E E E E E E E E E E E E	ature required	d when reinstating) ADDITIONS/CHANGES TO C	DATE FFICERS AN	DIRECT Change	ORS IN 12 Addition Addition
office or registered agent, or both, in the sagent. I am familiar with, and accept the ot signature, typed or printed name of registeres. 12. OFFICERS 12. OFFICERS 13. OFFICERS 14. OFFICERS 15. OFFICERS 15. OFFICERS 16. OFFICERS 17. ST. ZIP 17. ITLE 17. NAME 17. STREET ADDRESS 17. ST. ZIP 1	DELETE	TE: Registered A 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4. CIT 4.1 TITL 4.2 NA 4.3 STR 4.4 CIT 5.1 TITT 5.2 NAI	gent signi E E EET ADDI F E EET ADDI E E E E E E E E E E E E E E E E E E	ature required RESS RESS	d when reinstating) ADDITIONS/CHANGES TO C	DATE FFICERS AN	DIRECT Change	ORS IN 12 Addition Addition
office or registered agent, or both, in the sagent. I am farniliar with, and accept the ot signature, typed or printed name of registered. 12. OFFICERS 12. OFFICERS 13. OFFICERS 14. OFFICERS 15. OFFICERS 16. OFFICERS 17. STREET ADDRESS 17. ST. ZIP 17. AME 17. ST. ZIP	DELETE	TE: Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CITT 3.1 TITT 3.2 NAA 3.3 STR 3.4 CITT 4.1 TITT 4.2 NAA 4.3 STR 4.4 CITT 5.1 TITT 5.2 NAI 5.3 STR 5.3 STR	E EET ADDI E E EET ADDI E E EET ADDI E E E E E E E E E E E E E E E E E E E	ature required RESS RESS	d when reinstating) ADDITIONS/CHANGES TO C	DATE FFICERS AN	DIRECT Change	ORS IN 12 Addition Addition
office or registered agent, or both, in the sagent. I am farniliar with, and accept the ot signature, typed or printed name of registered. 12. OFFICERS 12. OFFICERS 13. OFFICERS 14. OFFICERS 15. OFFICERS 16. OFFICERS 17. STREET ADDRESS 17. ST. ZIP 17. ST.	DELETE D	TE: Registered A 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAN 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CITT 4.1 TITT 4.2 NAN 4.3 STR 4.4 CITT 5.1 TITT 5.2 NAI 5.3 STR 5.4 CITT 5.5 CITT	E EET ADDI E E E EET ADDI E E E E E E E T ADDI	ature required RESS RESS	d when reinstating) ADDITIONS/CHANGES TO C	DATE FFICERS AN	DIRECT Change	ORS IN 12 Addition Addition Addition
office or registered agent, or both, in the stagent. I am farniliar with, and accept the of signature, typed or printed name of registered. 12. OFFICERS 12. OFFICERS 13. OFFICERS 14. OFFICERS 15. OFFICERS 16. OFFICERS 17. STREET ADDRESS 17. ST. ZIP 17. NAME 17. ST. ZIP 17. ST. ZI	DELETE	TE: Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAA 2.3 STR 2.4 CITI 3.1 TITL 3.2 NAA 4.3 STR 4.1 TITL 4.2 NAA 4.3 STR 4.4 CITI 5.1 TITT 5.2 NAI 6.3 STT 6.1 TITT	gent signi E E EET ADDI G-ST-ZIP E EET ADDI F E EET ADDI G-ST-ZIP E EET ADDI G-ST-ZIP E E E E E E E E E E E E E E E E E E	ature required RESS RESS	d when reinstating) ADDITIONS/CHANGES TO C	DATE FFICERS AN	DIRECT Change	ORS IN 12 Addition Addition Addition
office or registered agent, or both, in the stagent. I am familiar with, and accept the ot signature, typed or printed name of registered. 12. OFFICERS 12. OFFICERS 13. OFFICERS 14. OFFICERS 15. OFFICERS 15. OFFICERS 15. OFFICERS 15. OFFICERS 15. OFFICERS 16. OFFICERS 17. STREET ADDRESS 17. ST. ZIP 17.	DELETE D	TE: Registered A 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAN 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CITT 4.1 TITT 4.2 NAN 4.3 STR 4.4 CITT 5.1 TITT 5.2 NAI 5.3 STR 5.4 CITT 5.5 CITT	gent signi E E EET ADDI G-ST-ZIP E EET ADDI F E EET ADDI G-ST-ZIP E EET ADDI G-ST-ZIP E E E E E E E E E E E E E E E E E E	ature required RESS RESS	d when reinstating) ADDITIONS/CHANGES TO C	DATE FFICERS AN	DIRECT Change	ORS IN 12 Addition Addition Addition

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 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 appear with an address, with all other like empowered.

6.4 CITY-ST-ZiP

CITY-ST-ZIP