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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S33762** **(3)**

1. Corporation Name
FREDSON TRAVEL, INC.

Principal Place of Business
100 NORTH BISCAYNE BLVD., SUITE #2302
MIAMI FL 33132

Mailing Address
100 NORTH BISCAYNE BLVD., SUITE #2302
MIAMI FL 33132-2344

3. Date Incorporated or Qualified: **02/25/1991**
3a. Date of Last Report: **02/02/1996**

2. Principal Place of Business
21 100 N. Biscayne Blvd.
Suite, Apt. #, etc.
22 Suite # 2302
City & State
23 Miami, FL
Zip 24 33132 Country 25 USA

2a. Mailing Address
26 100 N. Biscayne Blvd.
Suite, Apt. #, etc.
27 Suite # 2302
City & State
28 Miami, FL
Zip 29 33132 Country 30 USA

4. FEI Number: **65-0245604** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ALESSI, EDSON
1080 94TH STREET, APT. #304
BAYHARBOR ISLAND FL 33154

10. Name and Address of New Registered Agent
81 Name: Alessi, Edson
82 Street Address (P.O. Box Number is Not Acceptable): 9161 E. Bay Harbor Dr. # 1B
83
84 City: Bay Harbor Island, FL 85 Zip Code: 33154

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALESSI, EDSON 1080 94TH STREET, APT. #304 BAYHARBOR ISLAND FL 33154	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Alessi, Edson 9161 E. Bay Harbor Dr. # 1B Bay Harbor Island, FL 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SANTOS, FRED 10140 W. BAYHARBOR DRIVE, #302 BAYHARBOR ISLAND FL 33154	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD Santos, Fred. 1080 94th street, Apt # 304 BayHarbor Island, FL 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: X _____ 1/21/97 305-577-8422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #