SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 28 PM 1:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S58958** **(7)**

1. Corporation Name

TRAVEL TRAX, INC.

Principal Place of Business	Mailing Address
4900 N. OCEAN BLVD. SUITE 1413 FORT LAUDERDALE FL 33308	4900 N. OCEAN BLVD. SUITE 1413 FT. LAUDERDALE FL 33308 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1991
3a. Date of Last Report: 07/14/1994

2. Principal Place of Business	2a. Mailing Address
21 2100 S. OCEAN DRIVE	26 2100 S. OCEAN DRIVE
22 Suite, Apt. #, etc. SUITE 11 C D	27 Suite, Apt. #, etc. SUITE 11 C D
23 City & State FT LAUDERDALE FL	28 City & State FT LAUDERDALE, FL
24 Zip 33316 25 Country USA	29 Zip 33316 30 Country USA

4. FEI Number: 65-0261639 — ☐ Applied For ☐ Not Applicable

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

6. ☐ **$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

RODRIGUEZ, ANGELIQUE LONG
4900 N. OCEAN BLVD.
AUITE 1413
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

91 Name: ANGELIQUE LONG
92 (P.O. Box Number is Not Acceptable): 2100 S. OCEAN DRIVE
93: SUITE 11 C D
94 City: FT LAUDERDALE FL 95 Zip Code: 33316

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: Angelique Long ANGELIQUE LONG 7/21/95
(Signature of person signing as registered agent) (Name of Registered Agent, typed or printed) (DATE)

12. OFFICERS AND DIRECTORS		13.		
11 TITLE	D	11 TITLE	PRESIDENT - DIRECTOR	☑ Change ☐ Addition
12 NAME	RODRIGUEZ, ANGELIQUE L.	12 NAME	ANGELIQUE LONG	
13 STREET ADDRESS	4900 N. OCEAN BLVD.	13 STREET ADDRESS	2100 S. OCEAN DRIVE SUITE 11 C D	
14 CITY ST ZIP	FORT LAUDERDALE FL	14 CITY ST ZIP	FT LAUDERDALE FL 33316	
21 TITLE		21 TITLE		☐ Change ☐ Addition
22 NAME		22 NAME		
23 STREET ADDRESS		23 STREET ADDRESS		
24 CITY ST ZIP		24 CITY ST ZIP		
31 TITLE		31 TITLE		☐ Change ☐ Addition
32 NAME		32 NAME		
33 STREET ADDRESS		33 STREET ADDRESS		
34 CITY ST ZIP		34 CITY ST ZIP		
41 TITLE		41 TITLE		☐ Change ☐ Addition
42 NAME		42 NAME		
43 STREET ADDRESS		43 STREET ADDRESS		
44 CITY ST ZIP		44 CITY ST ZIP		
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY ST ZIP		54 CITY ST ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is currently furnished and 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: Angelique Long (ANGELIQUE LONG) 7/21/95 305 879 7951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

007/2425 CP