Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90228 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # **S66626**

R&R TRA	AVEL ASSOCIATES, UNLIM	IITED, INC.					
Principal Flace	e of Business	Mailing Address					1() 11
13728 S.W. 152ND STREET MIAMI FL 33177 US 13728 SW 152ND STREET MIAMI FL 33177 US					DO NOT WRITE IN TH	IS SPACE	
00					Date Incorporated or Qualifed 07/17/1991		
2. Princips Place of Business 2a. Mailing Address 1					4. FEI Number 65-0272787	No	oplied For of Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	Additional equired
City & Stat	ee	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees
Zip	Country 25	Zip 29	Countr 30	у	This corporation owes the current year Personal Property Tax.	Yes	ĴNo
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent	
OTA(OV DAMELA M		8	1 Name			
STACK, PAMELA M 13728 SW 152ND ST MIAMI FL 33177			8:	Street Ac'd	ress (P.O. Box Number is Not Acceptable)		
			8:	3			
			84	4 City		85 Zip	Code
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Statute	·S.	on's board of directors. I hereby accept the ap		
12,	OFFICERS A	NE DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1,1 TITLE			Change	Addition
NAME	STACK, PAMELA M.		1.2 NAME	1			
STREET ADDRE ;S	\		4	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY-			Change	Addition
TITLE	SD CTACK MADCADET I		2.1 TITLE	1			
NAME	STACK, MARGARET J. 58 PASTURE RD		2.2 NAME	ET ADDRESS			
STREET ADDRESS	CATAUMÉT MA		2.4 CITY-				
CITY-ST-ZIP TITLE	VD	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	SAVOIE, NANCY STACK		3.2 NAME	:			
STREET ADDRESS	AAA DOVED OT		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	BROCKTON MA		34 CITY	ST-ZIP			
TITLE	VTD	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	STACK, JOHN F.		4. 2 NAM	E			
STREET ADDRES S				ET ADDRESS			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-			Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	i		Onlange	
NAME				ET ADDRESS			
STREET ADDRESS			5.4 CITY-				
CITY-ST-ZIP		□ DELETE	6.1 TITLE			☐ Change	☐ Addition

CITY-ST-ZIP 14. 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 indicaters 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 chapted or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS