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

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

ANNU	JAL REPORT	Sandra B. I Secretary DIVISION OF CO	of State	Secretary of State	
1. Corporation	MENT # <b>\$7382</b> TRAVEL, INC.	7 (5)			) ALAN ALAN ALAN ALAN ALAN
Principal Place of Business Mailing Address 500 E. BROWARD BLVD. SUITE 1100 FT. LAUDERDALE FL 33394 Mailing Address 500 E. BROWARD BLVD. SUITE 1100 FT. LAUDERDALE FL 33394 FT. LAUDERDALE FL 33394		9006			
			··	08/12/1991 05	Pate of Last Report 5/01/1996
2. Principal Pl	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0280085	Applied For Not Applicable
Suite Vipt	#, etc. << 2.00	Suita Apt. *, etc.	20	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e e	Crty & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country 25	Zip 3	Country	8. This corporation has liability for intangible Florida Statutes Yes	e tax under s. 199.032,
24	9. Name and Address of Curre		U1	10. Name and Address of New Registered	
	RULANDA A., CARLOS		81 Name		
500 E. BROWARD BLVD.			82 Street A	Address (P.O. Box Number is Not Acceptable)	
SUITE-1100 FT. LAUDERDALE FL 33394				11/0:020	
			84 City	3/16 - 1/00	85 Zip Code
				<u>Fi</u>	_   _
<ol> <li>Pursuant office or re</li> </ol>	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	502 and 607 1508, Florida Statutes le of Florida. Such change was au	the above-named thorized by the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
	m familiar with, and accept the obt	gations of, Section 607.0505, Flori	da Statutes.	S ~ U	8-97
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: I	erutengia InegA beretaipe	required when reinstaling) DATE	
12.	OFFICERS A	ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TILE NAME	MARULANDA, CARLOS A	L. Detric	1.1 TITLE 1.2 NAME	DO	CT CHANGE CT VOCATION (
STREET ADORESS	668 STANTON DRIVE		1.3 STREET ADDRESS	668 Stanton Drive	
CITY-ST ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP	668 Stanton Drive Fort Lauderdale FL 3	3326
Tille	D0	DELETE	2.1 TITLE		Change Addition
NAME	MARULANDA, PABLO A 18444 NW 9TH COURT		2.2 NAME	SEEC Tomdin Tomo	
STREET ADDRESS	PEMBROKE FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	2556 Jardin Lane Fort Lauderdale FL 33	3327
CHY-SI-ZIP TITLE	D0	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARULANDA, CESAR A		3.2 NAME		
STREET ADDRESS	694 STANTON DR		3.3 STREET ADDRESS		
CITY-SI-ZIP	FT.LAUDERDALE FL	☐ DELETE	3 4. CITY-ST-ZIP		Change Addition
Trile Name	Marulanda, Edgar		4.1 TITLE 4.2 NAME		The results (Pay you clinic)
STREET ADDIRESS	812 Sand Creek Ci		4.3 STREET ADDRESS		
Crty-St-ZiP	Fort Lauderdale F		4.4 CITY-ST-ZIP		
TILE		DELETE	5.1 TITLE	77 11111	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CiTY+ST+ZIP TITLE		DELETE	5.4 CITY-ST-ZIP : 6.1 TITLE		Change Addition
NAME		that observe	6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		j
CITY- SI - ZIP		,	64 CITY SY-ZIP		

14. If 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 charged, or on an attachment with an address.

**S**REQUIRED

SIGNATURE:

**FILED** 

May 14 1997 8:00am

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