SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **S80598** **(3)**

1. Corporation Name
COMPUTRAVEL, INC.

Principal Place of Business	Mailing Address
169 LINCOLN RD. # 206 MIAMI BEACH FL 33139 US	169 LINCOLN ROAD # 206 MIAMI BEACH FL 33139 US

3. Date Incorporated or Qualified: 09/16/1991
3a. Date of Last Report: 07/03/1995

4. FEI Number: NOT APPLICABLE ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 6630 Indian Creek Dr	26 2240 NE 123rd St
Suite, Apt. #, etc. 22 205	Suite, Apt. #, etc. 27
City & State 23 Miami Beach, FL	City & State 28 North Miami, FL
Zip 24 33141 Country 25 USA	Zip 29 33181 Country 30 USA

9. Name and Address of Current Registered Agent

SCANDURA, OMAR H.
2555 COLLINS AVE.
#1610
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name: SCANDURA, Omar H.
82 Street Address (P.O. Box Number is Not Acceptable): 6630 Indian Creek Dr #205
83
84 City: Miami Beach FL 85 Zip Code: 33141

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: OMAR H. SCANDURA PRESIDENT 08/01/96
(Signature, type or print name and title of registered agent, and date) (DATE)
(Both Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCANDURA, OMAR H. 2555 COLLINS AVE #1610 MIAMI BEACH FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT Omar H. Scandura 6630 Indian Creek Dr. # 205 Miami Beach, FL 33141 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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***225.00

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: OMAR SCANDURA, PRESIDENT 08/01/96 (305) 672-9788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)
08/13/96