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

FILED PROFIT Feb 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # V07664 (8)THE WOMEN'S TRAVEL CLUB (USA) INCORPORATED Principal Place of Business Mailing Address 21401 NE 38TH AVE 21401 NE 38TH AVE AVENTURA FL 33180 **AVENTURA FL 33180** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0305611 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FILINGS INC 3732 NW 16TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33311 83 84 Zip Code 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** Signature, typod or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change ___ Addition STOLLER, PHYLLIS NAME 1.2 NAME 21401 NE 38 AVE STREET ADDRESS 1.3 STREET ADDRESS **AVENTURA FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change 3.1 TITLE ☐ Addition NAME 3.2 NAME

CITY-ST-ZIP 14. Thereby 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.

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