

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 AM 8:28

DOCUMENT # V11536 (2)

1. Corporation Name

AROUND THE WORLD TRAVEL/MEDICAL CENTER, INC.

Principal Place of Business

1611 NW 12TH AVE
MIAMI FL 33136

Mailing Address

P.O. BOX 149005
CORAL GABLES FL 33114-9005
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/04/1992	3a. Date of Last Report 02/07/1994
4. FEI Number 65-0319387	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$9.75 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 19-1001.03, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt # etc

State Apt # etc

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**B & C CORPORATE SERVICES, INC.
175 NW FIRST AVE
SUITE 2000
MIAMI FL 33128-9965**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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 of person accepting appointment as registered agent and filing fee)

(Signature of Registered Agent or person responsible for filing fee)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1. TITLE	☐ Change ☐ Addition
NAME	HASSINE, CATHY	1.2 NAME	
STREET ADDRESS	16050 OLD CUTLER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD	2. TITLE	☐ Change ☐ Addition
NAME	ELIAS, PATRICIA	2.2 NAME	
STREET ADDRESS	5890 SW 102 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD	3. TITLE	☐ Change ☐ Addition
NAME	ELIAS, MARK	3.2 NAME	
STREET ADDRESS	5890 SW 102 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VD	4. TITLE	☐ Change ☐ Addition
NAME	HASSINE, JACKIE	4.2 NAME	
STREET ADDRESS	11 GROVE ISLE DR #1210	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	4.4 CITY-ST-ZIP	
TITLE	VD	5. TITLE	☐ Change ☐ Addition
NAME	HASSINE, MICHELE	5.2 NAME	
STREET ADDRESS	11 GROVE ISLE DR #1210	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	5.4 CITY-ST-ZIP	
TITLE	VSD	6. TITLE	☐ Change ☐ Addition
NAME	HASSINE, SIMON	6.2 NAME	
STREET ADDRESS	11 GROVE ISLE DR #1210	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	6.4 CITY-ST-ZIP	

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 19.01(1)(b), 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signatory officer or director)

Cathy Hassine CATHY Hassine 1/12/95 (305) 445 2555