

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V11536** (2)
1. Corporation Name
AROUND THE WORLD TRAVEL/MEDICAL CENTER, INC.

100001776731
-04/11/96--01048--025
***200.00



Principal Place of Business
**1611 NW 12TH AVE
MIAMI FL 33136**

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

3. Date Incorporated or Qualified 02/04/1992	3a. Date of Last Report 01/18/1995
4. FEI Number 65-0319387	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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 33126-9905~~

81 Name
B + C CORPORATE SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
201 SOUTH DISCAYNE BLVD
83
SUITE 3000
84 City
MIAMI FL 85 Zip Code
33131

11. Pursuant to the provisions of Sections 607.0532 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, typed or printed name of registered agent and street address

Signature, typed or printed name of registered agent and street address

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	HASSINE, CATHY	
STREET ADDRESS	10050 OLD CUTLER RD 1801 ESPANOLA DR.	
CITY-ST-ZIP	MIAMI FL COCONUT GROVE FL 33133	
TITLE	PD	☐ DELETE
NAME	ELIAS, PATRICIA	
STREET ADDRESS	5890 SW 102 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	ELIAS, MARK	
STREET ADDRESS	5890 SW 102 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	HASSINE, JACKIE	
STREET ADDRESS	11 GROVE ISLE DR #1210	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VD	☐ DELETE
NAME	HASSINE, MICHELE	
STREET ADDRESS	11 GROVE ISLE DR #1210	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VSD	☐ DELETE
NAME	HASSINE, SIMON	
STREET ADDRESS	11 GROVE ISLE DR #1210	
CITY-ST-ZIP	COCONUT GROVE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1801 ESPANOLA DRIVE
1.4 CITY-ST-ZIP	COCONUT GROVE FL 33133
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	10000 SW 60 CT
2.4 CITY-ST-ZIP	MIAMI FL 33156
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	10000 SW 60 CT
3.4 CITY-ST-ZIP	MIAMI FL 33156
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	COCONUT GROVE FL 33133
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	COCONUT GROVE FL 33133
5.4 CITY-ST-ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	COCONUT GROVE FL 33133
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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 its 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, as applicable, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

DATE

CHARTERED FEE #

CR2E034 (12/95)