

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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.

Principal Place of Business

1611 NW 12TH AVE
MIAMI FL 33136

Mailing Address

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

FILED
Feb 12 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified 02/04/1992	3a. Date of Last Report 04/11/1996
4. FEI Number 65-0319387	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BOULEVARD
SUITE 3000
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VTD** ☐ DELETE
NAME **HASSINE, CATHY**
STREET ADDRESS **1801 ESPANOLA DRIVE**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **PD** ☐ DELETE
NAME **ELIAS, PATRICIA**
STREET ADDRESS **10000 SW 60TH COURT**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VD** ☐ DELETE
NAME **ELIAS, MARK**
STREET ADDRESS **10000 SW 60TH COURT**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VD** ☐ DELETE
NAME **HASSINE, JACKIE**
STREET ADDRESS **11 GROVE ISLE DR #1210**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **VD** ☐ DELETE
NAME **HASSINE, MICHELE**
STREET ADDRESS **11 GROVE ISLE DR #1210**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **VSD** ☐ DELETE
NAME **HASSINE, SIMON**
STREET ADDRESS **11 GROVE ISLE DR #1210**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 changed, or on an attachment with an address.

SIGNATURE:

Cathy Hassine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0161390

CR2E034 (9/96)