

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 02/04/1992	Applied For
4. FEI Number 65-0319387	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BOULEVARD
SUITE 3000
MIAMI FL 33131**

81 Name	10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	HASSINE, CATHY
STREET ADDRESS	1801 ESPANOLA DRIVE
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	PD <input type="checkbox"/> DELETE
NAME	ELIAS, PATRICIA
STREET ADDRESS	10000 SW 80TH COURT
CITY-ST-ZIP	MIAMI FL 33156
TITLE	VD <input type="checkbox"/> DELETE
NAME	ELIAS, MARK
STREET ADDRESS	10000 SW 80TH COURT
CITY-ST-ZIP	MIAMI FL 33156
TITLE	VD <input type="checkbox"/> DELETE
NAME	HASSINE, JACKIE
STREET ADDRESS	11 GROVE ISLE DR #1210
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	VD <input type="checkbox"/> DELETE
NAME	HASSINE, MICHELE
STREET ADDRESS	11 GROVE ISLE DR #1210
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	VSD <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 from an appointment with an address.

SIGNATURE: *Cathy Hassine*

CR2E034 (10/97)