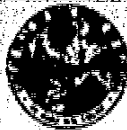


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V16224

(0)

1. Corporation Name

TRAVELUX INTERNATIONAL INC.

Principal Place of Business

**281 N.E. 1ST STREET
SUITE 601
MIAMI FL 33132**

Mailing Address

**P.O. BOX 11040
MIAMI FL 33111**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/21/1992

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0313851

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

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**JAMAL, ABDUL SULTAN
281 N.E. 1ST STREET
SUITE 601
MIAMI FL 33132**

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

P
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ABDUL S. JAMAL
281 N.E. 1ST STREET, SUITE 301
MIAMI FL 33132**

V
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SHEZAD CONTRACTOR
281 N.E. 1ST STREET, SUITE 601
MIAMI FL 33132**

S
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SHAHBEGUM JAMAL
281 N.E. 1ST STREET, SUITE 601
MIAMI FL 33132**

D
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**NOORALI CHAGANY
281 N.E. 1ST STREET, SUITE 601
MIAMI FL 33132**

D
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**HYDER A. SAWANI
281 N.E. 1ST STREET, SUITE 601
MIAMI FL 33132**

D
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D ☒ Change ☐ Addition
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

V ☒ Change ☐ Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**PERWEEN SAWANI
281 N.E. 1ST STREET, SUITE 601
MIAMI FL. 33132**

P ☒ Change ☐ Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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:

HYDER S. SAWANI

04-25-95

(305) 531-0134

SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number