

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

FILED
May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V16224** (0)

1. Corporation Name
TRAVELUX INTERNATIONAL INC.

Principal Place of Business

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

Mailing Address

**P.O. BOX 110440
MIAMI FL 33111-0440**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/21/1992		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0313851		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81 Name HYDER A. SAWANI
82 Street Address (P.O. Box Number is Not Acceptable)
261 N.E. 1ST. STREET SUITE # 601
83
84 City MIAMI FL 85 Zip Code 33132**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDUL S. JAMAL	1.2 NAME	
STREET ADDRESS	261 N.E. 1ST STREET, SUITE 601	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERWEEN SAWANI	2.2 NAME	
STREET ADDRESS	261 N.E. 1ST ST, SUITE 601	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHBEGUM JAMAL	3.2 NAME	
STREET ADDRESS	261 N.E. 1ST STREET, SUITE 601	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOORALI CHAGANY	4.2 NAME	
STREET ADDRESS	261 N.E. 1ST STREET, SUITE 601	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDER A. SAWANI	5.2 NAME	SECRETARY (S)
STREET ADDRESS	261 N.E. 1ST STREET, SUITE 601	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HYDER A. SAWANI 4-25-97 (305) 374-1498

CR2E034 (9/96)