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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8.7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)						AMEN DED APPROVED	
	PROFIT		Ž)	FLORIDA DEPART			AND
	CORPORATION Sandra B. Mortham					am	TILLD
	ial report 1996		5	Secretary DIVISION OF CO			96 OCT 24 PM 3: 24
DOCUMENT # V56437						SECRETARY OF STATE TALLAHASSEE, FLORIDA	
n corporation		TRAVEL INT	'ERNAT]	CONAL, INC.			
Principal Place of Business Mailing Address						 6000019909468	
9200 S. Dadeland Boulevard Penthouse Suite 825						6000019909468 -10/30/9601096011 *****61.25 ******61.25	
Miami, Florida 33156							3. Date Incorporated or Qualified August 10, 1992 3a. Date of Last Report January, 1996
2. Principal Place of Business 21 9200 S. Dadeland Blvd. 22 Mailing Address 26 9200 S. Dadeland Blvd.						4. FEI Number Applied For 65-0357065 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. Penthouse Suite 825 Penthouse Suite 825						5. Certificate of Status Desired See Required	
City & State City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip		Country	Zij		Co	ountry	8. This corporation has liability for intangible tax under s. 199.032,
24 33	3156 25	USA	29		30	USA	Florida Statutes Yes No 10. Name and Address of New Registered Agent
	9. Name and	Address of Curren	t Hegistere	a Agent		81 Name	
Robert McNabb G. David O'Leary 82 Street Address (P.O. Box Number is Noi Acceptable)							
9200 S. Dadeland Blvd., Ste. 603 9200 So							9200 South Dadeland Blvd.
Miami, Florida 33156 Penthouse Suite 825							Penthouse Suite 825
				_		84 City	FI 85 Zip Code
11. Pursuant	to the provisions	of Sections 607.050	2 and 607,	1508, Florida Statute	s, the a	bove-named s	profitation submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.2508. 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 Sucharinage was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of Section 607.0508. Florida Statutes.							
SIGNATURE		1 0 Leary					DATE
12.	Signature, typed or pr	OFFICERS AN		ORS	13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P/S/D Robert M. Burke, III 9200 S. Dadeland Blvd., Penthouse Ste. 8
TITLE	P/D			X DEFELE	1.1	TITLE	P/S/D Addition C
NAME		. M. Burke,	III			NAME	Robert M. Burke, III
STREET ADDRESS	9200	B. Dadeland	Blvd.	, Ste. PH &	3 4 5.	STREET ADDRESS	9200 S. Dadeland Blvd., Penthouse Ste. 82
CITY-ST-ZIP TITLE	Miami	Florida 3	3156	DELETE	-	TITLE	Miami, Florida 33156 Change X Addition
NAME				-	22	NAME	Jeannette King-Burke
STREET ADDRESS					23	STREET ADDRESS	9200 S. Dadeland Blvd., Penthouse Ste. 82
CITY-ST-ZIP				DELETE	_	CITY-ST-ZIP	Miami, Florida 33156 Change X Addition
TITLE	_			☐ beceie		TITLE NAME	VP
NAME STREET ADDRESS	(_		STREET ADDRESS	Richard A. Stummer
CITY-ST-ZIP			,		3.4	. CITY - ST-ZIP	9200 S. Dadeland Blvd., Penthouse Ste. 82 Miami, Florida 33156 Change X Addition
TITLE				L DELÉTÉ	1	TITLE	VP
NAME						2 NAME I STREET ADDRESS	Michael J. Dore
STREET ADDRESS	-					CITY-ST-ZIP	9200 S. Dadeland Blvd., Penthouse Ste. 82
CITY-ST-ZIP TITLE				DELETE		TITLE	Miami, Florida 33156
NAME			_		5.2	NAME	
STREET ADDRESS						STREET ADDRESS	an ital
CITY-ST-ZIP				DELETE		CITY-ST-ZIP	Change Addition
TITLE NAME						NAME	Ψ', '
STREET ADDRESS				_		STREET ADDRESS	
600 07 70					64	I CITY - ST - ZIP	The state of the state of the Original State of Chapters I
14. I do hereby certify that the information supplied with this filing is voluntarily fornished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 617, Florida Statutes; and that my name appears in Block 120 Block 13 if changed, or on an attachment with an address.							
SIGNATURE: 40fex W. Burk 44 10/9/96 (305/670-2999)							
SIGNATURE: Signature and type of Printed Name of Signing Officer or Director ROBERT M. BURKE, III President							