

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # 556670 (8)
1. Corporation Name
TRAVEL CONNECTION, INC.



Principal Place of Business Mailing Address
7006 S.W. 87 AVE. **7006 S.W. 87 AVE.**
MIAMI FL 33173 **MIAMI FL 33173**

3. Date Incorporated or Qualified: **12/22/1977** 3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-1788232** 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 2a. Mailing Address
21 Sute, Apt. #, etc. 26 Sute, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
RAVEN, LENORE S.
8935 SW 83RD STREET
MIAMI FL 33173

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 607.0602 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 _____ DATE _____
Signature must be printed in block letters and include the full name of the signing officer or director. (NOTE: If a new officer or director is being appointed, the signature must be in blue ink.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAKTMAN, GERALD	12. NAME	
STREET ADDRESS	20425 HIGHLAND LK BLVD	13. STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	14. CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVEN, LENORE S	22. NAME	
STREET ADDRESS	8935 SW 83RD STREET	23. STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	24. CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FADER, ALBERT E	32. NAME	
STREET ADDRESS	650 PARK AVENUE	33. STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NEW YORK 00000	34. CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVEN, ALAN	42. NAME	
STREET ADDRESS	8935 SW 83RD STREET	43. STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	44. CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATZ, SAMUEL V	52. NAME	
STREET ADDRESS	8380 SW 154TH TERRACE	53. STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	54. CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYOC, MADELINE	62. NAME	
STREET ADDRESS	1170 NE 170TH STREET	63. STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	64. 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lenore Raven*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/96

CR2E034 (12/95)