

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

FILED
May 07 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 556670 (8)

1. Corporation Name
TRAVEL CONNECTION, INC.



| | |
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| Principal Place of Business 7006 S.W. 87 AVE. MIAMI FL 33173 | Mailing Address 7006 S.W. 87 AVE. MIAMI FL 33173-2506 |
|---|--|

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|---|------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 12/22/1977 | 3a. Date of Last Report 05/01/1996 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 59-1788232 | 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 Country | 28 Zip Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | 25 | 29 | 30 |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

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)
8124 SW 81 TERRACE
 83
 84 City **MIAMI** FL 85 Zip Code **33143**

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 fee, if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|---|---|
| TITLE | TD <input type="checkbox"/> DELETE | 11 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 | 21 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 | 31 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 | 41 TITLE <input checked="" 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 | 51 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 | 61 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 |

8124 SW 81 TERRACE
 MIAMI FL 33143

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 S. RAVEN** Date: **04/09/97** (31-1) 596-2665

CR2E034 (9/96)