

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.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
 Jul 09 1996 8:00 am
 Secretary of State

DOCUMENT # **185173** (2)
 1. Corporation Name
EMBASSY TRAVEL BUREAU, INC.



Principal Place of Business Mailing Address
240 S COUNTY RD PALM BCH FL 33480 **240 S COUNTY RD PALM BCH FL 33480**

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|--------------------------------|------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 05/12/1995 | 3a. Date of Last Report 04/17/1995 |
| 21. Suite, Apt #, etc. | 26. Suite, Apt #, etc. | 4. FEI Number 59-0772147 | Applied For 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 PATRICIA L. MEINDERS EMBASSY TRAVEL BUREAU INC 240 S COUNTRY RD PALM BEACH FL 33480 | 10. Name and Address of New Registered Agent 81 Name SUSANNE F. SMITH 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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]* DATE **6/12/96**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|---|
| TITLE PD | NAME LANGHAMER, ROY P. | 1.1 TITLE A/S | 1.2 NAME SUSANNE F. SMITH |
| STREET ADDRESS 76 HORTON PL. | CITY-ST-ZIP SYOSSETT NY | 1.3 STREET ADDRESS 1230 CORAL WAY | 1.4 CITY-ST-ZIP RIVIERA BEACH, FL 33404 |
| TITLE VT | NAME SANCHEZ-ELIA, RAUL F. | 2.1 TITLE | 2.2 NAME |
| STREET ADDRESS 30 SUTTON PL, APT. | CITY-ST-ZIP NEW YORK NY | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| TITLE VS | NAME SAGHRI, SELF | 3.1 TITLE | 3.2 NAME |
| STREET ADDRESS 66 CROSBY ST., APT 2B | CITY-ST-ZIP NEW YORK NY | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| TITLE V | NAME GONZALEZ-BUNSTER, ROLANDO | 4.1 TITLE | 4.2 NAME |
| STREET ADDRESS 6 DOUBLING RD | CITY-ST-ZIP GREENWICH CT | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| TITLE | NAME | 5.1 TITLE | 5.2 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| TITLE | NAME | 6.1 TITLE | 6.2 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |

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 ***225.00

[Signature] **6/12/96**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **6/12/96**

CR2E034 (3/96)