


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

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **185173** (2)

1. Corporation Name
EMBASSY TRAVEL BUREAU, INC.

Principal Place of Business 240 S COUNTY RD PALM BCH FL 33480	Mailing Address 240 S COUNTY RD PALM BCH FL 33480-4288
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/1955	3a. Date of Last Report 07/09/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0772147	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				10. Name and Address of New Registered Agent	
SMITH, SUSANNE F. EMBASSY TRAVEL BUREAU INC 240 S COUNTRY RD PALM BEACH FL 33480				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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LANGHAMER, ROY P.	1.2 NAME	
STREET ADDRESS	76 HORTON PL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SYOSSETT NY	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	
NAME	SANCHEZ-ELIA, RAUL F.	2.2 NAME	
STREET ADDRESS	30 SUTTON PL, APT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	
NAME	SAGHRI, SELF	3.2 NAME	
STREET ADDRESS	66 CROSBY ST., APT 2B	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	GONZALEZ-BUNSTER, ROLANDO	4.2 NAME	
STREET ADDRESS	6 DOUBLING RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	SMITH, SUSANNE F	5.2 NAME	
STREET ADDRESS	1230 CORAL WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERIA BEACH FL 33404	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: _____ DATE: **4/21/97**

CR2E034 (9/96)