

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V69533** (0)

1. Corporation Name
VOYAGE PLUS TRAVEL, INC.



Principal Place of Business: **21940 GRIFFIN RD SUITE 1 FT LAUDERDALE FL 33322 US**
Mailing Address: **4900 NW 25TH TERR. TAMARAC FL 33309 US**

3. Date Incorporated or Qualified: **10/08/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0361704**
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. 199.03?, Florida Statutes: Yes No

2. Principal Place of Business: **21 2020 scott st.** Suite, Apt. #, etc.
22 City & State: **23 HOLLYWOOD**
24 Zip: **FL. 33020** 25 Country: **BROWARD**
2a. Mailing Address: **26 2020 SCOTT ST.** Suite, Apt. #, etc.
27 City & State: **28 HOLLYWOOD**
29 Zip: **FL. 33020** 30 Country: **BROWARD**

9. Name and Address of Current Registered Agent
**BIRKENWALD, RICHARD PAUL
2020 NE 163RD ST
SUITE 101
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent
81 Name: **JEAN-PAUL LAUZIER**
82 Street Address (P.O. Box Number is Not Acceptable): **4900 NORTH WEST 25th TERRACE**
83 City: **TAMARAC** 85 Zip Code: **FL 33309**

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: *Jean Paul Lauzier*

(NOTE: Registered Agent signature required, who is residing)

05/17/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LAUZIER, JEAN-PAUL	
STREET ADDRESS	21940 GRIFFIN RD	
CITY- ST- ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LAUZIER, JEAN-PAUL	
STREET ADDRESS	4900 NW 25 TERR	
CITY- ST- ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENYSE CHARTRAND	
STREET ADDRESS	2020 SCOTT ST.	
CITY- ST- ZIP	HOLLYWOOD FL. 33020	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN THOMAS	
STREET ADDRESS	2020 SCOTT ST.	
CITY- ST- ZIP	HOLLYWOOD FL. 33020	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN-YVES BRILLANT	
STREET ADDRESS	1611 MOFFET ST.	
CITY- ST- ZIP	HOLLYWOOD FL. 33020	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800001841218	
CITY- ST- ZIP	-05/28/96--01045--014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	***200.00	
STREET ADDRESS		
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: *Denyse Chartrand*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 954-923-4520
954-923-4510

CR2E034 (12/95)