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Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 343466

(9)

1. Corporation Name  
LORRAINE TRAVEL SCHOOL, INC.



Principal Place of Business

1001 NW LEJEUNE ROAD  
MIAMI FL 33126

Mailing Address

1001 NW LEJEUNE ROAD  
MIAMI FL 33126-3698

2. Principal Place of Business

21 377 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

22

City & State

23 CORAL GABLES, FL

Zip

24 33134-9005

Country

25

2a. Mailing Address

26 377 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

27

City & State

28 CORAL GABLES, FL

Zip

29 33134-9005

Country

30 USA

3. Date Incorporated or Qualified

03/24/1969

3a. Date of Last Report

06/18/1996

4. FEI Number

59-1235198 59-257-6261

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

9. Name and Address of Current Registered Agent

GUIERAS, JOHN  
1001 NW LEJEUNE RD  
MIAMI FL

10. Name and Address of New Registered Agent

81 Name GUIERAS, JOHN R.

82 Street Address (P.O. Box Number is Not Acceptable)

83 377 ALHAMBRA CIRCLE

84 CORAL GABLES, FL

85 Zip Code 33134-9005

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 title, if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GUIERAS, JOHN  
STREET ADDRESS 1001 NW LEJEUNE RD  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME GUIERAS, LUISA  
STREET ADDRESS 1001 NW LEJEUNE RD  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME GUIERAS, JOHN R.  
1.3 STREET ADDRESS 377 ALHAMBRA CIRCLE  
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134-9005

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 377 ALHAMBRA CIRCLE  
2.3 STREET ADDRESS CORAL GABLES, FL 33134-9005

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS

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 *John R. Guieras* DATE 3/25/97 305-446-4433

CR2E034 (9/96)