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FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 343466 (9)

1. Corporation Name:

LORRAINE TRAVEL SCHOOL, Inc.

Principal Place of Business

Mailing Address

377 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134-5003
US

377 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134-5003

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/69

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-257-6261

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

X

Yes □ No

9. Name and Address of Current Registered Agent

GUITERAS, JOHN R.
377 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134-5003

10. Name and Address of New Registered Agent

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

Signature of officer or director of corporation or registered agent

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
GUITERAS, JOHN R.
377 ALHAMBRA CIRCLE
CORAL GABLES, FL

□ DELETE

TD
GUITERAS, LUISA M.
377 ALHAMBRA CIRCLE
CORAL GABLES, FL

□ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

□ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

□ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

□ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ Change

□ Addition

□ Change

□ Addition

□ Change

□ Addition

□ Change

□ Addition

□ Change

□ Addition

□ Change

□ Addition

14. I 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 and unit 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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. GUITERAS

04/20/98 305-446-4433

Date

Daytime Phone

CR2E034 (10/97)