

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 400527 (8)

1. Corporation Name

LEE TRAVEL SERVICE, INC.



Principal Place of Business

1724-79TH ST CAUSEWAY
NO.BAY VILLAGE FL 33141

Mailing Address

1724-79TH ST CAUSEWAY
NO.BAY VILLAGE FL 33141

2. Principal Place of Business

2a. Mailing Address

21 7325 Collins Avenue

26 7325 Collins Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MIAMI BEACH/FL

28 MIAMI BEACH/FL

Zip

Country

Zip

Country

24 33141

25 USA

29 33141

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/04/1972

3a. Date of Last Report
04/19/1995

4. FFI Number
59-1401377

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 ☒

10. Name and Address of New Registered Agent

PEARLMAN, LEAH
1724-79 ST CAUSEWAY
NO.BAY VILLAGE FL 33141

81 Name

Annemarie Diaz

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

7325 Collins Avenue

83

84 City

Miami Beach

FL

85 Zip Code

33141

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 A. Diaz ANNEMARIE DIAZ

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reappointing)

04/27/96

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME PEARLMAN, MARVIN
STREET ADDRESS 299 ALHAMBRA CIR #307
CITY-ST-ZIP CORAL GABLES FL

DELETE

TITLE PD
NAME PEARLMAN, LEAH
STREET ADDRESS 11930 N. BAYSHORE DR.
CITY-ST-ZIP N. MIAMI 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 PD
1.2 NAME ANNEMARIE DIAZ
1.3 STREET ADDRESS 7325 Collins Avenue
1.4 CITY-ST-ZIP MIAMI BEACH/FL 33141

Change ☒ Addition ☐

2.1 TITLE VP
2.2 NAME GEORGE SCHWARZENBACH
2.3 STREET ADDRESS 320 Poinciana Dr.
2.4 CITY-ST-ZIP MIAMI BEACH/FL 33160

Change ☒ Addition ☐

3.1 TITLE ST
3.2 NAME GERTRUDE SCHWARZENBACH
3.3 STREET ADDRESS 320 Poinciana Dr.
3.4 CITY-ST-ZIP MIAMI BEACH/FL 33160

Change ☐ Addition ☒

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change ☐ Addition ☐

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change ☐ Addition ☐

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change ☐ Addition ☐

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: A. Diaz ANNEMARIE DIAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/96 305 866 96 95

DATE

Daytime Phone #

CR2E034 (12/95)