

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

FILED

Apr 08 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 # **427927** (9)
1. Corporation Name
B & H TRAVEL CORPORATION



Principal Place of Business % TRANS AMERICAN MANAGEMENT CORP. P.O. BOX 3723 ARLINGTON VA 22203	Mailing Address % TRANS AMERICAN MANAGEMENT CORP. P.O. BOX 3723 ARLINGTON VA 22203-0723
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/11/1973	3a. Date of Last Report 04/25/1996
4. FEI Number 59-1696962	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WHITEMORE, KENT G. ONE BEACH DRIVE, S.E. #205 ST. PETERSBURG FL 33701	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 PSD	NAME WALTERS, ARTHUR	1.1 TITLE <input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4141 N. HENDERSON ROAD #8	CITY-ST-ZIP ARLINGTON VA	1.2 NAME	1.3 STREET ADDRESS
TITLE VP	NAME TASMIR, LEUCHT	1.4 CITY-ST-ZIP	2.1 TITLE PSD
STREET ADDRESS 11 WEIDENMEYER STREET	CITY-ST-ZIP MUNICH GE	2.2 NAME	2.3 STREET ADDRESS
TITLE S	NAME FRIEDLANDER, J.P.	2.4 CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2018 16TH STREET NORTH	CITY-ST-ZIP ARLINGTON VA	3.2 NAME	3.3 STREET ADDRESS
TITLE AS	NAME WALTERS, PATRICIA	3.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13985 75TH AVENUE	CITY-ST-ZIP SEMINOLE FL	4.2 NAME	4.3 STREET ADDRESS
TITLE <input checked="" type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
TITLE	NAME	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 correct. I am an officer or director of the corporation or the receiver or trustee empowered to file this report. 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 file this report. 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 file this report. 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 file this report.

SIGNATURE: _____ SIGNATURE REQUIRED: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
Date: **3/6/97** Daytime Phone: **703-527-5200**

CR2E034 (9/96)