

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 666469 (2)

1. Corporation Name
BRICKELL EXECUTIVE TRAVEL, INC.



Principal Place of Business: 600 BRICKELL AVE. SUITE 104/603 MIAMI FL 33131 US
Mailing Address: 600 BRICKELL AVE. SUITE 104/603 MIAMI FL 33131 US

3. Date Incorporated or Qualified: 04/10/1980
3a. Date of Last Report: 02/07/1995
4. FEI Number: 59-1989069
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

FRASCARELLI, MARTA C.
600 BRICKELL AVE.
SUITE 104/603
MIAMI FL 33131

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITILE	T DEFELICE, HORACIO <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFELICE, HORACIO	1.2 NAME
STREET ADDRESS	600 BRICKELL AVE.	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP
TITILE	S FRASCARELLI, LUIS E <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASCARELLI, LUIS E	2.2 NAME
STREET ADDRESS	600 BRICKELL AVE.	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP
TITILE	P FRASCARELLI, MARTA C. <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASCARELLI, MARTA C.	3.2 NAME
STREET ADDRESS	600 BRICKELL AVE.	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP
TITILE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITILE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITILE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 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, by an attachment with an address.

SIGNATURE: *Marta C. Frascarelli, President* Date: *Mar 31/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)