

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

FILED

**Feb 04 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 # 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 33131-2539
US**

3. Date Incorporated or Qualified **04/10/1980** 3a. Date of Last Report **04/05/1996**

2. Principal Place of Business
21 **600 Brickell Ave.** 2a. Mailing Address
26 **14124 S.W. 77 ST.**

4. FEI Number **59-1989069** Applied For
Not Applicable

22 **STE 104** 27
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **MIA. FL.** 28 **MIA. FL.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33131** 25 **USA** 29 **33183** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **FRASCARELLI, MARTA C.**
82 Street Address (P.O. Box Number is Not Acceptable)
600 BRICKELL AVE #57E 104
83
84 City **MIA.** FL 85 Zip Code **33131**

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]* (NOTE: Registered Agent's signature required when reinstating) DATE **JAN 14/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input type="checkbox"/> DELETE
NAME	DEFELICE, HORACIO	
STREET ADDRESS	600 BRICKELL AVE.	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FRASCARELLI, LUIS E	
STREET ADDRESS	600 BRICKELL AVE.	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FRASCARELLI, MARTA C.	
STREET ADDRESS	600 BRICKELL AVE.	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 (changed) or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **JAN 14/97** DAY/ME PHONE # **(305) 385-8400**

CR2E034 (9/96)