

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

FILED

**May 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
--	---	---

DOCUMENT # F96000000608 (7)

1. Corporation Name
STA TRAVEL, INC.



Principal Place of Business 5900 WILSHIRE BLVD., #2110 LOS ANGELES CA 90036	Mailing Address 5900 WILSHIRE BLVD., #2110 LOS ANGELES CA 90036-5021
---	--

3. Date Incorporated or Qualified 02/08/1996	3a. Date of Last Report
4. FEI Number 94-2751323	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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code FL

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 N/A DATE N/A

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, RICHARD	1.2 NAME	
STREET ADDRESS	PRIORY HOUSE, 6 WRIGHTS LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, W88TA	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, NICHOLAS	2.2 NAME	
STREET ADDRESS	4232 AGNES AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUDIO CITY CA 91604	2.4 CITY-ST-ZIP	
TITLE	DSV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINLAGE, JOHN	3.2 NAME	
STREET ADDRESS	1814 THAYER AVE. #5	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90025	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, NICK	4.2 NAME	
STREET ADDRESS	5900 WILSHIRE BLVD., #2110	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90036	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYKKE, JESPER T	5.2 NAME	
STREET ADDRESS	5900 WILSHIRE BLVD., #2110	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90036	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEKARZ, ANDRIA	6.2 NAME	
STREET ADDRESS	5900 WILSHIRE BLVD., #2110	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90036	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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** DATE: 4/29/97 DAYTIME PHONE #: 213-937-1150

CR2E034 (9/96)