

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90181 021 ***150.00

DOCUMENT # F98000003849

1. Corporation Name

LEADING HOTEL PROMOTIONS, INC.

Principal Place of Business

304 PALERMO AVENUE
CORAL GABLES FL 33134

Mailing Address

304 PALERMO AVENUE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1998

4. FEI Number

65-0858576

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

2. Principal Place of Business

21 2655 South Lejeune Road

2a. Mailing Address

26 2655 South Lejeune Road

Suite, Apt. #, etc.

22 703

Suite, Apt. #, etc.

27 703

City & State

23 CORAL GABLES

City & State

28 CORAL GABLES

Zip

24 FL 33134

Country

25 U.S.A

Zip

29 FL 33134

Country

30 U.S.A

9. Name and Address of Current Registered Agent

LAPIERRE, ARNAULD
304 PALERMO AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ARNAULD LAPIERRE

82 Street Address (P.O. Box Number is Not Acceptable)
2918 Virginia Street

83

84 City MIAMI

FL

85 Zip Code

33133

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME LAPIERRE, ARNAULD
STREET ADDRESS 304 PALERMO AVENUE
CITY-ST-ZIP CORAL GABLES FL

TITLE VSTD
NAME HERTZ, WILLIAM
STREET ADDRESS 304 PALERMO AVENUE
CITY-ST-ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCD
1.2 NAME LAPIERRE, ARNAULD
1.3 STREET ADDRESS 2655 South Lejeune Road Suite 703
1.4 CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE VSTD
2.2 NAME HERTZ, WILLIAM
2.3 STREET ADDRESS 2655 South Lejeune Road Suite 703
2.4 CITY-ST-ZIP CORAL GABLES FL 33134

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

14. I 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, with all other like empowered.

SIGNATURE:

ARNAUD LAPIERRE

2/17/99 (305)447-0492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0197067

CR2E034 (11/98)