

1985

DIVISION OF CORPORATIONS

95 MAY -1 PM 11:07

DOCUMENT # K63510 (7)

1. Corporation Name
LEISURE PLANNERS INTERNATIONAL TRAVEL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2655 LEJUNE RD. 2655 LEJUNE RD.
CORAL GABLES FL 33134-5827 CORAL GABLES FL 33134-5827
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/08/1989 3a. Date of Last Report 01/19/1994

4. FEI Number 65-0106097 Applied For Not Applicable

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. 109.032, Florida Statutes Yes 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 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRIZO, BLANCA
2655 LEJUNE ROAD
SUITE 1003
CORAL GABLES FL 33134

81 Name NO CHANGE / IDENT / NO CHANGE
82 Street Address (P.O. Box Number is Not Acceptable) 2655 LEJUNE ROAD
83 SUITE 1014 (CHANGE) ONLY CHANGE
84 City CORAL GABLES FL 85 Zip Code 33134

ONLY ADDRESS CHANGE (ADDED SUITE IN SUITE)

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 registering)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME CARRIZO, BLANCA
STREET ADDRESS 2655 LEJUNE ROAD #1003
CITY - ST - ZIP CORAL GABLES FL
TITLE V
NAME APPERT, PATRICK
STREET ADDRESS 2655 LEJUNE ROAD #1003
CITY - ST - ZIP CORAL GABLES FL
TITLE ST
NAME CARRIZO, BLANCA
STREET ADDRESS 2655 LEJUNE ROAD #1003
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change 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 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, changed, or on an attachment with an addition.

SIGNATURE: [Signature] APRIL 10 95' 444 94.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICK APPERT / V. PRES. BLANCA CARRIZO / PRESIDENT