

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K63510** (7)
1. Corporation Name
LEISURE PLANNERS INTERNATIONAL TRAVEL, INC.



Principal Place of Business 2655 LEJUNE RD. SUITE 405 CORAL GABLES FL 33134-5827 US	Mailing Address 2655 LEJUNE RD. SUITE 405 CORAL GABLES FL 33134-5827 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. SUITE 405 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. SUITE 405 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/06/1989	
25		30		4. FEI Number 65-0106097	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARRIZO, BLANCA 2655 LEJUNE ROAD SUITE 1014 CORAL GABLES FL 33134				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	
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CARRIZO, BLANCA		1.2 NAME	SUITE 405			
STREET ADDRESS	2655 LEJUNE ROAD #1018		1.3 STREET ADDRESS	SUITE 405			
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	SUITE 405			
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	APPERT, PATRICK		2.2 NAME	SUITE 405			
STREET ADDRESS	2655 LEJUNE ROAD #1018		2.3 STREET ADDRESS	SUITE 405			
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	SUITE 405			
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CARRIZO, BLANCA		3.2 NAME	SUITE 405			
STREET ADDRESS	2655 LEJUNE ROAD #1003		3.3 STREET ADDRESS	SUITE 405			
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	SUITE 405			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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.

SIGNATURE: _____

B. CARRIZO

3/18/98

CR2E034 (10/97)