

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90004 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **K63510**

1. Corporation Name

LEISURE PLANNERS INTERNATIONAL TRAVEL, INC.



Principal Place of Business

2655 LEJUNE RD.
 STE 405
 CORAL GABLES FL 33134-5827
 US

Mailing Address

2655 LEJUNE RD.
 STE 405
 CORAL GABLES FL 33134-5827
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1989

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 owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business

21 2100 CORAL WAY

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

310

Suite, Apt. #, etc.

11

City & State

MIAMI FL

City & State

11

Zip

33145

Country

USA

Zip

Country

11

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

FL

85 Zip Code

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	PD	<input type="checkbox"/> DELETE
NAME	CARRIZO, BLANCA	
STREET ADDRESS	2655 LEJUNE RD, STE 405	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	APPERT, PATRICK	
STREET ADDRESS	2655 LEJUNE RD, STE 405	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CARRIZO, BLANCA	
STREET ADDRESS	2655 LEJUNE RD, STE 405	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 REQUIRED

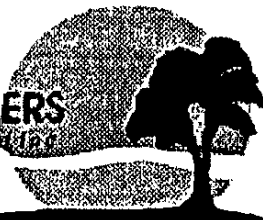
Date

Daytime Phone #

(305) 858 9188

CR2E034 (5/99)

LEISURE PLANNERS
International



K63510
594586-90004-42

VIA FACSIMILE

WE HAVE MOVED ! PLEASE NOTE OUR NEW ADDRESS AND TELEPHONES

LEISURE PLANNERS INTERNATIONAL TRAVEL Inc.
2100 CORAL WAY, SUITE 310, FL 33145

Internet LPITravel@Compuserve.com
Fax +1 305 858 0338
Telephone +1 305 858 9188
800 Number +1 800 297 1984

July 12, 1999

To : FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
po box 6327
TALAHASSEE
FL 32314

From : Blanca Carrizo

Subject : ANNUAL REPORT FILING / LEISURE PLANNERS INTERNATIONAL

dear Sir,

Please find enclosed our renewal for Leisure planners and a check for \$150. Please note we have changed address and we have not received the first notice for this corporation annual report.

Sincerely

Blanca Carrizo president