

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M56640** (9)

1. Corporation Name

LEADERS IN TRAVEL WHOLESALER INC.



Principal Place of Business

Mailing Address

C/O LESLIE ALAN ROZENCWAIG, P.A.
2 SO BISCAYNE BLVD. STE 3270
MIAMI FL 33131
US

C/O LESLIE ALAN ROZENCWAIG, P.A.
2 SO BISCAYNE BLVD. STE 3270
MIAMI FL 33131
US

3. Date Incorporated or Qualified
08/03/1987

3a. Date of Last Report
03/14/1995

2. Principal Place of Business
21 **1 SE 3RD AVE**

2a. Mailing Address
26 **1 SE 3RD AVE**

Suite, Apt. #, etc.
22 **STE. 960**

Suite, Apt. #, etc.
27 **STE 960**

City & State
23 **MIAMI, FLORIDA**

City & State
28 **MIAMI, FLORIDA**

Zip
24 **33131**

Country
25 **VS**

Zip
29 **33131**

Country
30 **VS**

4. FEI Number
59-2830813

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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROZENCWAIG, LESLIE A ESO
LESLIE ALAN ROZENCWAIG, P.A.
2 SO BISCAYNE BLVD. STE 3270
MIAMI FL 33131

81 Name
LESLIE ALAN ROZENCWAIG, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
1 S.E. 3RD AVE
83 **STE. 960**
84 City
MIAMI
85 State
FL
Zip Code
33131

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, in 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's Signature required when re-registering)

Date

1/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
LIMA, CARLOS F.
4101 PINE TREE DRIVE
MIAMI BCH FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LIMA, CARMEN
4101 PINE TREE DRIVE
MIAMI BCH FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

100001753291
-03/21/96--01089--009
*****200.00**

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS LIMA

03/18/96 (3744770)

Date

Daytime Phone #

CR2E034 (12/95)