


FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED  
May 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M65679 (6)</b> 1. Corporation Name <b>LAND, AIR, SEA, CHARTERS, INC.</b>			
Principal Place of Business <b>10040 NW 9 ST CIR S101 MIAMI FL 33172 US</b>		Mailing Address <b>10040 NW 9 ST CIR S101 MIAMI FL 33172-5176 US</b>	
2. Principal Place of Business 21 <b>17588 S.W. 28th. Court</b> Suite, Apt. #, etc. 22 City & State 23 <b>Miramar, Fl., 33029</b> Zip Country 24 <b>33029-5564 US</b>	2a. Mailing Address 26 <b>P.O. Box 820715</b> Suite, Apt. #, etc. 27 City & State 28 <b>South Florida, FL 33082</b> Zip Country 29 <b>33082-0715 US</b>	3. Date Incorporated or Qualified <b>01/25/1988</b>	
		3a. Date of Last Report <b>04/23/1996</b>	
		4. FEI Number <b>65-0027197</b>	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BRAC, LUIS 10040 N.W. 9TH STREET CIRCLE, #101 MIAMI FL 33172</b>		10. Name and Address of New Registered Agent 31 Name <b>BRAC, LUIS</b> 32 Street Address (P.O. Box Number is Not Acceptable) <b>17588 S.W. 28th. Court</b> 33 34 City <b>MIRAMAR FL 33029</b>	
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 reinstating) DATE _____			
<b>12. OFFICERS AND DIRECTORS</b>			
1. TITLE <b>PD</b> 2. NAME <b>BRAC, LUIS</b> 3. STREET ADDRESS <b>10040 NW 9 ST CIR 101</b> 4. CITY - ST - ZIP <b>MIAMI FL</b>	<input type="checkbox"/> DELETE	<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
1. TITLE <b>VPT</b> 2. NAME <b>BRAC, MELISSA A</b> 3. STREET ADDRESS <b>10040 NW 9 ST CIR 101</b> 4. CITY - ST - ZIP <b>MIAMI FL</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1. TITLE  2. NAME  3. STREET ADDRESS  4. CITY - ST - ZIP 	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1. TITLE  2. NAME  3. STREET ADDRESS  4. CITY - ST - ZIP 	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do 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			
<b>SIGNATURE: _____</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>4/29/97</b> Date	
		<b>(954) 704-0850</b> Daytime Phone #	

CR2E034 (9/96)