

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N46090 (9)

1. Corporation Name

TICKETS TO PARADISE, INC.



Principal Place of Business

Mailing Address

% LEISURE MANAGEMENT MIAMI, INC.
721 NW 1ST AVE.
MIAMI FL 33136

701 ARENA BLVD
MIAMI FL 33136-4102

3. Date Incorporated or Qualified
11/18/1991

3a. Date of Last Report
03/24/1995

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEMET LICKSTEIN MORGENSTERN BERGER, ET AL
ATTENTION: RICHARD E. FRIEND, ESQ.
201 ALHAMBRA CR., SUITE 1200
CORAL GABLES FL 33134**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Nancy Doyle* ADMINISTRATOR *Managing Director*

5-30-96

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 | DP | <input type="checkbox"/> DELETE |
| NAME | FRANKLIN, ROBERT A. | |
| STREET ADDRESS | % 721 NW 1ST AVE. | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | COHEN, VICTOR | |
| STREET ADDRESS | % 721 NW 1ST AVE. | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | MARRERO, MANUEL | |
| STREET ADDRESS | 701 BRICKELL AVE., #2250 | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | DS / DV | |
| STREET ADDRESS | FRIEND, RICHARD E. | |
| CITY - ST - ZIP | % 201 ALHAMBRA CR, #1200 | |
| | 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 | |
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | NANCY G DOYLE |
| 53 STREET ADDRESS | 701 ARENA BLVD |
| 54 CITY - ST - ZIP | MIAMI FL 33136 |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy Doyle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-96(305) 5304400 - Ext 4416
Date Daytime Phone #

CR2E037 (12/95)