

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

APPROVED AND FILED

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAY -1 AM 10:15

DOCUMENT # P93000001483 (5)

1. Corporation Name

EXECUTIVE TRAVEL INTERNATIONAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6100 BLUE LAGOON DRIVE
STE 140
MIAMI FL 33126

Mailing Address

6100 BLUE LAGOON DRIVE
STE 140
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0384218

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**POWELL, MILY R
6980 SILVER OAK DRIVE
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name

MS LAHERTE ARMAIGNAC

82 Street Address (P.O. Box Number is Not Acceptable)

83

6305 SW 25 STREET

84 City

MIAMI

FL

85

33155

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, Sections 607.0505, Florida Statutes.

SIGNATURE

Laerte Armaignac

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARNICERO, MIRIAM
STREET ADDRESS	125 SW 103RD CT
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	FERNANDEZ, MAYRA
STREET ADDRESS	3430 SW 10TH ST #3
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	POWELL, MILY R.
STREET ADDRESS	6980 SILVER OAK DR
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT & TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MR JESUS ARMAIGNAC	
13 STREET ADDRESS	6305 SW 25 STREET	
14 CITY - ST - ZIP	MIAMI, FLORIDA 33155	
21 TITLE	VICE PRESIDENT & SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MS LAHERTE ARMAIGNAC	
23 STREET ADDRESS	6305 SW 25 STREET	
24 CITY - ST - ZIP	MIAMI, FLORIDA 33155	
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 type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

REMITTED BY MAY 1

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)(b), 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 13 or in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jesus Armaignac

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/95

(305)265-0404

Title

Telephone Number