FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. M[illegible]
Secretary
DIVISION OF COR[illegible]IONS

DOCUMENT # **P93000006588 (6)**

1. Corporation Name

L.H.S. TRAVEL, INC.

Principal Place of Business	Mailing Address
7859 N.W. 15TH STREET MIAMI FL 33126	7859 N.W. 15TH STREET MIAMI FL 33126

2. Principal Place of Business 21 7200 NW 19th. St.	2a. Mailing Address 26 7200 NW 19th. St.
Suite, Apt. #, etc. 22 Suite 605	Suite, Apt. #, etc. 27 Suite 605
City & State 23 Miami, Florida	City & State 28 Miami, Fl.
Zip / Country 24 33126 / 25 E.U.	Zip / Country 29 33126 / 30 E.U.

3. Date Incorporated or Qualified: **01/27/1993**
3a. Date of Last Report: **04/12/1995**
4. FEI Number: **65-0387691** ☐ 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

~~PINO, RAUL F~~
~~2440 CORAL WAY~~
~~MIAMI FL 33145~~

10. Name and Address of New Registered Agent

81 Name: CARLOS SILA
82 Street Address (P.O. Box Number is Not Acceptable): 7200 N.W. 19 Street
83
84 City: MIAMI **FL** 85 Zip Code: 33126

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: SILA CARLOS S. VD 05/06/96'
(Signature of New Registered Agent Required When Changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD PINO, JUAN J 7859 N.W. 15TH STREET MIAMI FL 33126	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director SANTIAGO SZACHNIUK 7200 N.W. 19th street MIAMI, FL 33126	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SILA, CARLOS S ~~7859 N.W. 15TH STREET~~ 7200 N.W. 19 Street ~~MIAMI FL 33126~~ MIAMI, FL 33126	☐ DELETE	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	400001831574 -05/21/96--01039--011 ***200.00	☐ 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	5-1-96 JR	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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, added or on an attachment with an address.

SIGNATURE: SILA CARLOS S. VD 4/22/96 592-0205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #