

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90144 045 \*\*\*150.00

DOCUMENT # P93000019419

1. Corporation Name  
LEUTNER TRAVEL SERVICES, INC.

Principal Place of Business

11900 BISCAYNE BLVD.  
SUITE 105  
NORTH MIAMI FL 33181  
US

Mailing Address

11900 BISCAYNE BLVD.  
SUITE 105  
NORTH MIAMI FL 33181  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1993

4. FEI Number

65-0393584

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 555 NE 15th Street

Suite, Apt. #, etc.

22 PH J

City & State

23 MIAMI FLORIDA

Zip

24 33132

Country

25 USA

2a. Mailing Address

26 555 NE 15th Street

Suite, Apt. #, etc.

27 PH J

City & State

28 MIAMI FLORIDA

Zip

29 33132

Country

30 USA

9. Name and Address of Current Registered Agent

LEUTNER, FRANK M  
11900 BISCAYNE BLVD  
SUITE 105  
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

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 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

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  
NAME LEUTNER, FRANK  
STREET ADDRESS 555 N.E. 15 ST., APT. 34J  
CITY-ST-ZIP MIAMI FL 33136

☐ DELETE

TITLE DS  
NAME LEUTNER, SIEGLINDE  
STREET ADDRESS NINE MILE ISLAND, #2403  
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ DELETE

TITLE DT  
NAME LEUTNER, MANFRED  
STREET ADDRESS NINE MILE ISLAND, #2403  
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

FRANK M. LEUTNER 3-30-99 305-377-9425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)