

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 23 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000006038 (1)**

1. Corporation Name

**OREXPRESS INTERNATIONAL TRAVEL WHOLESALERS, INC.**

Principal Place of Business

Mailing Address

% LESLIE ALAN ROZENCWAIG  
2 SOUTH BISCAYNE BLVD., SUITE 3270  
MIAMI FL 33131

% LESLIE ALAN ROZENCWAIG  
2 SOUTH BISCAYNE BLVD., SUITE 3270  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/25/1994** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

2f **25 S.E. 2nd Ave.**  
Suite, Apt. #, etc.

2e **25 S.E. 2nd Ave.**  
Suite, Apt. #, etc.

4. FEI Number **65-0472765**

Applied For  
Not Applicable

22 **INGRAHAM BLDG.**  
City & State

27 **INGRAHAM BLDG.**  
City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 **MIAMI, FLORIDA**  
Zip Country

28 **MIAMI, FLORIDA**  
Zip Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 **33131** 25 **DADE**

29 **33131** 30 **DADE**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROZENCWAIG, LESLIE ALAN, P.A.  
2 SO. BISCAYNE BLVD., SUITE 3270  
MIAMI FL 33131

81 Name **LESLIE ALAN ROZENCWAIG, ESQ.**

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

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 his or her address.

NOTE: Registered Agent signature required when retaining.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<b>PIS/TID</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>REGINALDO ZIBEIRO</b>	
1.3 STREET ADDRESS	<b>25 S.E. 2nd Ave., INGRAHAM BLDG</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(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 Block 13 if changes are in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #