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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000027272 (1)

1. Corporation Name

BANCOR LEADERS IN TRAVEL, INC.



Principal Place of Business

Mailing Address

~~% LESLIE ALAN ROZENCWAIG P.A.~~  
~~2 S. BISCAYNE BLVD., 1 BISCAYNE TWR. #3270~~  
~~MIAMI FL 33131~~

~~% LESLIE ALAN ROZENCWAIG P.A.~~  
~~2 S. BISCAYNE BLVD., 1 BISCAYNE TWR. #3270~~  
~~MIAMI FL 33131~~

3. Date Incorporated or Qualified

01/26/1994

3a. Date of Last Report

06/01/1995

2. Principal Place of Business

2a. Mailing Address

21 90 1 SE 3RD AVE

26 90 1 SE 3RD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 960

27 STE 960

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33131

25 VS

29 33131

30 VS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

LESLIE ALAN ROZENCWAIG, ESQ.

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

1 S.E. 3RD AVE.  
STE. 960

84 City

MIAMI

FL

85 Zip Code

33131

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

Signature, typed or printed name of registered agent and title if applicable

1/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

LIMA, CARLOS

2 S. BISCAYNE BLVD., #3270

MIAMI FL 33131

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DV

LIMA, CARMEN

2 S. BISCAYNE BLVD., #3270

MIAMI FL 33131

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DS

LIMA, ANTONIO

2 S. BISCAYNE BLVD 3270

MIAMI FL

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1 S.E 3RD AVE, STE 950  
MIAMI, FL 33131

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1 S.E. 3RD AVE, STE 950  
MIAMI, FL 33131

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1 S.E. 3RD AVE, STE 950  
MIAMI, FL 33131

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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-03/21/96--01060--026  
\*\*\*200.00

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS LIMA

Date

Daytime Phone #

03/15/96 (305) 3744770

CR2E034 (12/95)