

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED

96 MAY -1 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000073773 (1)**

1. Corporation Name

CAPRI TRAVEL INTERNATIONAL SERVICES, INC.



Principal Place of Business

3100 NW 72ND AVE
SUITE 124
MIAMI FL 33122
US

Mailing Address

3100 NW 72ND AVE
SUITE 124
MIAMI FL 33122
US

3. Date Incorporated or Qualified
10/06/1994

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 **8871 Biscayne Blvd**

26 **8871 Biscayne Blvd.**

4. FEI Number
65-0525173

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **suite #1**

27 **suite #1**

5. Certificate of Status Desired **xx**

\$8.75 Additional Fee Required

City & State

City & State

23 **Miami shores, Fl.**

28 **Miami shores, Fl**

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip **33138**

25 Country **Dade**

29 Zip **33138**

30 Country **Dade**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHIL-OLIVERT, ROSE L
9570 N.W. 32ND MANOR
SUNRISE FL 33325**

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 607.0503, Florida Statutes.

SIGNATURE

Rose L Olivert

(NOTE: Registered Agent signature required when reinstating)

5/4/96

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PDS	PHILIP-OLIVERT, ROSE L	9570 N.W. 32ND MANOR	SUNRISE FL 33325	<input type="checkbox"/>
VTD	BAGUIDY, IDERLE	9570 N.W. 32ND MANOR	SUNRISE FL 33325	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

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****208.75 ****208.75

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)(k), 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 in an attachment with an address.

SIGNATURE:

Iderle Baguidy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/96

Daytime Phone #

CR2E034 (12/95)