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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P95000052655 (4)**

1. Corporation Name
LAURENCEAU TRAVEL SERVICE, INC.

Principal Place of Business	Mailing Address
13218 WEST DIXIE HIGHWAY **NO. MIAMI FL 33161**	**13218 WEST DIXIE HIGHWAY** **NO. MIAMI FL 33161-4133**

3. Date Incorporated or Qualified: **07/03/1995**
3a. Date of Last Report: **08/06/1996**

2. Principal Place of Business — 21: | Suite, Apt. #, etc. — 22: | City & State — 23: | Zip — 24: | Country — 25:

2a. Mailing Address — 26: | Suite, Apt. #, etc. — 27: | City & State — 28: | Zip — 29: | Country — 30:

4. FEI Number: **65-0616231** ☐ 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

LAURENCEAU, JEAN R
1026 NE 133RD STREET
NO. MIAMI FL 33161

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 (See instructions for required signature and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: LAURENCEAU, MONIQUE		1.2 NAME	
STREET ADDRESS: 1026 NE 133RD STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP: NO. MIAMI FL 33161		1.4 CITY-ST-ZIP	
TITLE: D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: LAURENCEAU, JEAN R		2.2 NAME	
STREET ADDRESS: 1026 NE 133RD STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP: NO. MIAMI FL 33161		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I declare to the best of my knowledge and belief, 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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #