SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

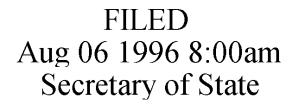
DIVISION OF CORPORATIONS

DOCUMENT # P95000052655 (4)

LAURENCEAU TRAVEL SERVICE, INC.

Principal Place of Business

Mailing Address





13218 WEST DIXIE HIGHWAY NO. MIAMI FL 33161	13218 WEST DIXIE HIGHY NO. MIAMI FL 33161	VAY			
				3. Date Incorporated or Qualified 07/03/1995	3a, Date of Last Report
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			65-0616 831	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Z ip	Country 30		This corporation has liability for in Florida Statutes	itangible tayunder s. 199.032, Yes No
9. Name and Address of C		30]	• • • • • •	10. Name and Address of New Reg	
		81	Name		
Laurenceau, Jean R 1026 Ne 133RD Street		82	Otront Add	ress (P.O. Box Number is Not Acceptable	
NO. MIAMI FL 33161		02	Siree! Add	ress (P.O. Box Nornber is Not Acceptable)
140: MIRAW FE 00101		83			
		84	City		85 Zip Code
					FL
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent, I am familiar with, and accept the	State of Florida. Such change was aut	thorized by th	named corp he corporati	poration submits this statement for the pur ion's board of directors. I hereby accept t	pose of changing its registered he appointment as registered
SIGNATURE					
Signature, typed or profed name of register	led agont and little if applicable. (NOTE: S AND DIRECTORS		t signature requi	red when reinstating)	DATE
12. OF FICER	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME LAURENCEAU, MONIQU	branch .	1.2 NAME	İ		
STREET ADDRESS 1026 NE 133RD STREET		1.3 STREET A	ADDRESS		[5
CITY-ST-ZIP NO. MIAMI FL 33161	•	1.4 CITY - ST-			إ
TITLE D	DELETE	2.1 TITLE	"		Change Addition
NAME LAURENCEAU, JEAN R		2.2 NAME			
STREET ADDRESS 1026 NE 133RD STREET	Γ	2.3 STREET A	NODRESS		
CITY-ST-ZIP NO. MIAMI FL 33161		2 4 CITY-ST	I - ZIP		
TITLE	DELETE	3 1 THLE			Change Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET A	ADDRESS		
CITY-ST-2IP		3.4. CITY - \$1	I - ZIP		
TITLE	T DETEIE	4.1 TITLE			Change Addition
NAME		4. 2 NAME	ĺ		
STREET ADDRESS		4.3 STREET A	DDRESS		
CITY-ST-ZIP		44 CHY-ST	- 7IP		
TITLE	DELETE	5.1 T/TLE			Change Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET A	1		
CITY-ST-ZIP	DELFTE	5.4 CITY - ST-	- ZIP		Change Addition
TATLE	☐ DETELE	6.1 TITLE			Change Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET A			
CITY-ST-ZIP	applied with this files is well marily five	64 C/TY-ST-		life for the exemption stated in Castian 11	0.07(2)(k) Elecido Statutos

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 logal effect as if made under oath; that I am an officer or director of the corporation or the receivor or trustee empowered to execute this report as required by Chapter 617, Florida Statules; 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 OFFICE

7-31-96 (305) 891.9422