FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

appears in Block 12 or Block 13 if,



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000084424 (6) DOCUMENT #

1. Corporation Name

LAPA VACATION SERVICES, INC.

Mailing Address Principal Place of Business 14449 COUNTRY WALK DR 14449 COUNTRY WALK DR MIAMI FL 33186 MIAMI FL 33188 8104 3. Date Incorporated or Qualified 38. Date of Last Report 10/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65- 0° 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation has liability for intengible tax under s. 199.032, Yes 🗌 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name CASTRO, LAUDENCIO 14449 COUNTRY WALK DR Street Address (P.O. Box Number is Not Acceptable) R2 **MIAMI FL 33186 B3** 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE LAUDENCIO CASTRO 1.2 NAME NAME 14341 SW 156 TH STREET STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FLORIDA 33177 1.4 CITY - ST - ZIP DELETE Change 🔽 Addition TITLE 2.1 TITLE 2.2 NAME NAME DUAR PATRICIA 8575 NW 5TH TERRACE STE 3 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP 2.4 CITY-ST-2(P DELETE ☐ Change Addition TITLE 3.1 TITLE TD 3.2 NAME NAME CASTRO DANIA STREET ADDRESS 156TH STREET 3.3 STREET ADDRESS 14341 SW CITY-ST-ZIP <u>MIAMI FL 33177</u> 34. CITY-ST-ZIP Addition DELETE Change TITLE 41 TITLE ISDER! NAME 4 2 NAME DUAR RITA M' 4.3 STREET ADDRESS STREET ADDRESS 8575 NW 5TH OERRACETESTEC# 3T 4.4 CITY-S1-ZIP CITY-ST-ZIP <u>MIAMI FLORIDĀ 331266</u> DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with 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 tam an officer or director of the corporation of the receiver or truetoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

LAUDENCIO CASTRO APRIL 29/97 (305)2558140

FILED Jun 19 1997 8:00am Secretary of State

