

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

DOCUMENT # **S15716** (1)

1. Corporation Name
CUE TRAVEL FLORIDA, INC.



Principal Place of Business: 5750 MAJOR BLVD. SUITE #273 ORLANDO FL 32819 US
Mailing Address: 5750 MAJOR BLVD. SUITE #273 ORLANDO FL 32819 US

3. Date Incorporated or Qualified: 11/29/1990
3a. Date of Last Report: 04/28/1995
4. FEI Number: 59-3038092
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

2. Principal Place of Business: 21 []
22 Suite, Apt. #, etc.: []
23 City & State: []
24 Zip: [] 25 Country: []
2a. Mailing Address: 26 []
27 Suite, Apt. #, etc.: []
28 City & State: []
29 Zip: [] 30 Country: []

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUZUKI, HIROSHI
4680 SUMMER OAK ST., #4204
ORLANDO FL 32835

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 607.1505, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORI, GORO	
STREET ADDRESS	340 EAST 64TH ST., #18-M	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	(D) P	<input type="checkbox"/> DELETE
NAME	TANAKA, MAMORU	
STREET ADDRESS	300 EAST 40TH ST., #32-S	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SUZUKI, HIROSHI	
STREET ADDRESS	4680 SUMMER OAK ST., #4204	
CITY-STATE-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 on an attachment with an address.

SIGNATURE: _____ Mamoru Tanaka/President 01/24/96 (407)352-9686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/24 Phone #

CR2E034 (12/95)