FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S83469** **(4)**

1. Corporate Name

LEISURE VACATION MARKETING, INC.

Principal Place of Business
1100 LEE WAGNER BLVD #103
FT. LAUDERDALE FL 33315

Mailing Address
1100 LEE WAGNER BLVD #103
FT. LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/30/1991**

3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

City — 24 Country — 25 City — 29 Country — 30

4. FEI Number: **65-0287370** — 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 elected to be governed by Section 607.0832, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FELDMAN, ROBERT L. ESQ
3081 SALZEDO STREET
CORAL GABLES FL 33134

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 Section 607.0501(3) and 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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 duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FELDMAN, JEANINE
STREET ADDRESS	Y-5 10828 N. KENDALL DR.
CITY, ST, ZIP	MIAMI FL 33176
TITLE	VSD
NAME	FELDMAN, ROBERT
STREET ADDRESS	Y-5 10828 N. KENDALL DR.
CITY, ST, ZIP	MIAMI FL 33176

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
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CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is accurate and does not qualify for the penalties imposed by Section 817.155, Florida Statutes. I further certify that I am familiar with and authorized to file this report on behalf of the corporation and that the signature below is my signature or that I have the corporate authorization to sign this report. I understand that the filing of this report constitutes an offer to the State of Florida to enter into a contract for the purchase of services as provided by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Page 1 of this report as an officer or director with an address.

SIGNATURE: Jeanine Feldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 — Date

305-359-0942 — Telephone

0293768 CP