

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 JUL -5 AM 7:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V56437** (9)

1. Corporation Name  
**EASY TRAVEL INTERNATIONAL INC.**

Principal Place of Business  
**3251 PONCE DE LEON BLVD  
SUITE 100  
CORAL GABLES FL 33134**

Mailing Address  
**3251 PONCE DE LEON BLVD  
SUITE 100  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/10/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0357065** 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. 199.005, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**LIE-NIELSEN, LUCIA M.  
4051 HARDIE ROAD  
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

81 Name **Robert McNabb**

82 Street Address (P.O. box Number is Not Acceptable) **9200 South Dadeland Boulevard**

83 **Suite 603**

84 City **Miami** FL 85 Zip, Code **33156**

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 **Robert F. McNabb** *[Signature]* DATE **June 2, 1995**

12. OFFICERS AND DIRECTORS

TITLE **D**

NAME **LIE-NIELSEN, LUCIA M.**

STREET ADDRESS **4051 HARDIE ROAD**

CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **P**

NAME **PASTORA, SILVIA**

STREET ADDRESS **10001 SW 77 CT**

CITY-ST-ZIP **MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D**  Change  Addition

1.2 NAME **Robert M. Burke, III**

1.3 STREET ADDRESS **3251 Ponce de Leon Blvd. #100**

1.4 CITY-ST-ZIP **Coral Gables, Florida 33134**

2.1 TITLE **VP/D**  Change  Addition

2.2 NAME **Robert N. Weir**

2.3 STREET ADDRESS **3251 Ponce de Leon Blvd #100**

2.4 CITY-ST-ZIP **Coral Gables, Florida 33134**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS **500001530785**

3.4 CITY-ST-ZIP **-07/06/95--01049--008**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP **\*\*\*225.00 \*\*\*225.00**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **\*S**  Change  Addition

6.2 NAME **Robert F. McNabb**

6.3 STREET ADDRESS **3251 Ponce de Leon Blvd. #100**

6.4 CITY-ST-ZIP **Coral Gables, Florida 33134** *RC*

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 110.07(3)(b), 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]* **Predident** 305 444-0595

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #