

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.)

**AMENDED**

**APPROVED  
AND  
FILED**

96 OCT 24 PM 3: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V56437**  
1. Corporation Name

**EASY TRAVEL INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
**9200 S. Dadeland Boulevard**  
**Penthouse Suite 825**  
**Miami, Florida 33156**

3. Date Incorporated or Qualified **August 10, 1992** 3a. Date of Last Report **January, 1996**

2. Principal Place of Business 2a. Mailing Address  
 21 **9200 S. Dadeland Blvd.** 26 **9200 S. Dadeland Blvd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **Penthouse Suite 825** 27 **Penthouse Suite 825**  
 City & State City & State  
 23 **Miami, Florida** 28 **Miami, Florida**  
 Zip Country Zip Country  
 24 **33156** 25 **USA** 29 **33156** 30 **USA**

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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**Robert McNabb**  
**9200 S. Dadeland Blvd., Ste. 603**  
**Miami, Florida 33156**

10. Name and Address of New Registered Agent  
 81 Name **G. David O'Leary**  
 82 Street Address (P.O. Box Number is Not Acceptable) **9200 South Dadeland Blvd.**  
 83 **Penthouse Suite 825**  
 84 City **Miami, Florida** 85 Zip Code **FL 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 607.0508, Florida Statutes.

SIGNATURE **G. David O'Leary** *G. David O'Leary* **October 9, 1996**  
 Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	<b>Robert M. Burke, III</b>	
STREET ADDRESS	<b>9200 S. Dadeland Blvd., Ste. PH 825</b>	
CITY-ST-ZIP	<b>Miami, Florida 33156</b>	<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Robert M. Burke, III</b>	
1.3 STREET ADDRESS	<b>9200 S. Dadeland Blvd., Penthouse Ste. 825</b>	
1.4 CITY-ST-ZIP	<b>Miami, Florida 33156</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	<b>T</b>	
2.2 NAME	<b>Jeannette King-Burke</b>	
2.3 STREET ADDRESS	<b>9200 S. Dadeland Blvd., Penthouse Ste. 825</b>	
2.4 CITY-ST-ZIP	<b>Miami, Florida 33156</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	<b>VP</b>	
3.2 NAME	<b>Richard A. Stummer</b>	
3.3 STREET ADDRESS	<b>9200 S. Dadeland Blvd., Penthouse Ste. 825</b>	
3.4 CITY-ST-ZIP	<b>Miami, Florida 33156</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	<b>VP</b>	
4.2 NAME	<b>Michael J. Dore</b>	
4.3 STREET ADDRESS	<b>9200 S. Dadeland Blvd., Penthouse Ste. 825</b>	
4.4 CITY-ST-ZIP	<b>Miami, Florida 33156</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert M. Burke III* **10/9/96** **(305) 670-2999**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ROBERT M. BURKE, III President** Date Daytime Phone #

CR 034 (3/96)