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**Apr 29 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # V56437 (9)**

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



Principal Place of Business  
**8200 S DADELAND BLVD  
PENTHOUSE SUITE 825  
MIAMI FL 33156  
US**

Mailing Address  
**9200 S DADELAND BLVD  
PENTHOUSE SUITE 825  
MIAMI FL 33156-2723  
US**

3. Date Incorporated or Qualified **08/10/1992** 3a. Date of Last Report **08/27/1996**

21	2. Principal Place of Business Suite, Apt. #, etc.	26	2a. Mailing Address Suite, Apt. #, etc.	4.	FEI Number <b>65-0357065</b>	Applied For <input type="checkbox"/> Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	24. Country	29	29. Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent  
**O'LEARY, G. DAVID  
9200 SOUTH DADELAND BLVD  
PENTHOUSE SUITE 825  
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b> <input type="checkbox"/> DELETE
NAME	<b>BURKE, ROBERT M III</b>
STREET ADDRESS	<b>9200 S DADELAND BLVD., PENTHOUSE STE 825</b>
CITY - ST - ZIP	<b>MIAMI FL 33156</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>KING-BURKE, JEANNETTE</b>
STREET ADDRESS	<b>9200 S DADELAND BLVD., PENTHOUSE STE 825</b>
CITY - ST - ZIP	<b>MIAMI FL 33156</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>STUMMER, RICHARD A</b>
STREET ADDRESS	<b>9200 S DADELAND BLVD., PENTHOUSE STE 825</b>
CITY - ST - ZIP	<b>MIAMI FL 33156</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>DORE, MICHAEL J</b>
STREET ADDRESS	<b>9200 S DADELAND BLVD., PENTHOUSE STE 825</b>
CITY - ST - ZIP	<b>MIAMI FL 33156</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY - ST - ZIP	
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY - ST - ZIP	
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY - ST - ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY - ST - ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY - ST - ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	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 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: **X Robert M. III Burke**, President 4/21/97 (305) 670-2999

CR2E034 (9/96)