

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT *Aircooled*
CORPORATION
ANNUAL REPORT
~~1997~~ 1998

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

FILED
G.T. 25
98 OCT 26 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V56437** (9)
1. Corporation Name
EASY TRAVEL INTERNATIONAL INC.

Principal Place of Business
9200 S DADELAND BLVD
PENTHOUSE SUITE 825
MIAMI FL 33156
US

*540 Biltmore Way
Coral Gables,
Florida 33134*

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

*540 Biltmore Way
Coral Gables, Florida 33134*

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt # etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
08/10/1992

3a. Date of Last Report
06/27/1996 1998

4. FEI Number
65-0357065

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
O'LEARY, G. DAVID
9200 SOUTH DADELAND BLVD
PENTHOUSE SUITE 825
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name *Same*
82 Street Address (P.O. Box Number is Not Acceptable)
540 Biltmore Way
83
84 City *Coral Gables* FL 85 Zip Code *33134*

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 *Oct 22, 98*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	BURKE, ROBERT M III	
STREET ADDRESS	9200 S DADELAND BLVD., PENTHOUSE STE 825	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME	KING BURKE, JEANNETTE	
STREET ADDRESS	9200 S DADELAND BLVD., PENTHOUSE STE 825	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME	STUMMER, RICHARD A	
STREET ADDRESS	9200 S DADELAND BLVD., PENTHOUSE STE 825	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME	DORE, MICHAEL J	
STREET ADDRESS	9200 S DADELAND BLVD., PENTHOUSE STE 825	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	<i>Richard A. Stummer</i>	
STREET ADDRESS	<i>PSTD</i>	
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	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert M. Burke, III	
1.3 STREET ADDRESS	540 Biltmore Way	
1.4 CITY - ST - ZIP	Coral Gables, Florida 33134	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	800002679138--6	
2.4 CITY - ST - ZIP	-11/03/98--01056--018	
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* _____ **SIGNATURES REQUIRED** President *Richard A. Stummer* (305) 476 9847 ~~774-286~~ ~~670-2999~~