

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.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
 Jul 09 1996 8:00 am
 Secretary of State

DOCUMENT # 185173 (2)
 1. Corporation Name
EMBASSY TRAVEL BUREAU, INC.



Principal Place of Business Mailing Address
240 S COUNTY RD PALM BCH FL 33480 **240 S COUNTY RD PALM BCH FL 33480**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	05/12/1995	04/17/1995
Suite, Apt #, etc.	Suite, Apt #, etc.	4. FEI Number	Applied For Not Applicable
22	27	59-0772147	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PATRICIA L. MEINDERS EMBASSY TRAVEL BUREAU INC 240 S COUNTRY RD PALM BEACH FL 33480	81 Name SUSANNE F. SMITH 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 *[Signature]* DATE **6/12/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	A/S
NAME	LANGHAMER, ROY P.	1.2 NAME	SUSANNE F. SMITH
STREET ADDRESS	76 HORTON PL.	1.3 STREET ADDRESS	1230 CORAL WAY
CITY-ST-ZIP	SYOSSETT NY	1.4 CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	VT	2.1 TITLE	
NAME	SANCHEZ-ELIA, RAUL F.	2.2 NAME	
STREET ADDRESS	30 SUTTON PL, APT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	
NAME	SAGHRI, SELF	3.2 NAME	
STREET ADDRESS	66 CROSBY ST., APT 2B	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	GONZALEZ-BUNSTER, ROLANDO	4.2 NAME	
STREET ADDRESS	6 DOUBLING RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	500001887375
NAME		5.2 NAME	-07/09/96--01069--003
STREET ADDRESS		5.3 STREET ADDRESS	***225.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE: **6/12/96**

CR2E034 (3/96)