

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

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**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 185173 (2)

1. Corporation Name
EMBASSY TRAVEL BUREAU, INC.



Principal Place of Business 240 S COUNTY RD PALM BCH FL 33480	Mailing Address 240 S COUNTY RD PALM BCH FL 33480-4288
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

3. Date Incorporated or Qualified 05/12/1955	3a. Date of Last Report 07/09/1996
4. FEI Number 59-0772147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SMITH, SUSANNE F.
EMBASSY TRAVEL BUREAU INC
240 S COUNTRY RD
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	PD		
NAME	LANGHAMER, ROY P.		
STREET ADDRESS	76 HORTON PL.		
CITY - ST - ZIP	SYOSSETT NY		
TITLE	VT		
NAME	SANCHEZ-ELIA, RAUL F.		
STREET ADDRESS	30 SUTTON PL, APT.		
CITY - ST - ZIP	NEW YORK NY		
TITLE	VS		
NAME	SAGHRI, SELF		
STREET ADDRESS	86 CROSBY ST., APT 2B		
CITY - ST - ZIP	NEW YORK NY		
TITLE	V		
NAME	GONZALEZ-BUNSTER, ROLANDO		
STREET ADDRESS	6 DOUBLING RD		
CITY - ST - ZIP	GREENWICH CT		
TITLE	AS		
NAME	SMITH, SUSANNE F		
STREET ADDRESS	1230 CORAL WAY		
CITY - ST - ZIP	RIVERIA BEACH FL 33404		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
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 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: _____ DATE: **4/21/97**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SELF SAGHRI** Daytime Phone # _____

CP2E034 (9/96)