

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90425 013 ***158.75

DOCUMENT # 495261
 1. Entity Name
AIB TRAVEL AND TOURS, INC.

Principal Place of Business: ~~2500 NW 79 AVE MIAMI FL 33122 US~~ **8101 SW 24 St. Suite B MIAMI, FL 33155 US**
 Mailing Address: ~~2500 NW 79 AVE MIAMI FL 33122-1071 US~~ **8101 SW 24 St. Suite B MIAMI, FL 33155 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **8101 SW 24 St.**
 Suite, Apt. #, etc.: **B**
 City & State: **MIAMI FL**
 Zip: **33155** Country: **US**

3. Mailing Address: **8101 SW 24 St.**
 Suite, Apt. #, etc.: **B**
 City & State: **MIAMI FL**
 Zip: **33155** Country: **US**

4. FEI Number: **59-1763159**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CONE, PERRY I
2500 NW 79TH AVE.
MIAMI FL 33122

7. Name and Address of New Registered Agent
 Name: **KARINA F CLEMENTS**
 Street Address (P.O. Box Number is Not Acceptable): **8101 SW 24 St Suite B**
 City: **MIAMI** State: **FL** Zip Code: **33155**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: **KARINA F. Clements** DATE: **4/27/00**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DCP	<input checked="" type="checkbox"/> Delete	TITLE: DPTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ALVAREZ, JOSE M		NAME: MERCEDES PALMERO	
STREET ADDRESS: 2500 NW 79TH AVE.		STREET ADDRESS: 8101 SW 24 St. Suite B	
CITY-ST-ZIP: MIAMI FL 33122		CITY-ST-ZIP: MIAMI, FL 33155	
TITLE: TD	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TORGAS, ED S		NAME:	
STREET ADDRESS: 2500 NW 79 AVE		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL		CITY-ST-ZIP:	
TITLE: DAS	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SOTO, JOHN M		NAME:	
STREET ADDRESS: 2500 NW 79 AVE		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL		CITY-ST-ZIP:	
TITLE: S	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CONE, PERRY I.		NAME:	
STREET ADDRESS: 2500 NW 79 AVE		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33122		CITY-ST-ZIP:	
TITLE: DV	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FERNANDEZ, SERGIO		NAME:	
STREET ADDRESS: 2500 N.W. 79TH AVE		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI FL 33122		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **MERCEDES PALMERO** DATE: **4/27/00** DAYTIME PHONE #: **(305) 265-0057**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)