FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:17

DOCUMENT # M09283 (6)

1. Corporation Name
MARIANA TOURS, CORP.

Principal Place of Business	Mailing Address
34 S.E. 2ND AVENUE SUITE 700 MIAMI FL 33131	34 S.E. 2ND AVENUE SUITE 700 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1984
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2546593 ☐ Applied For ☐ Not Applicable

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

MAGALHAES, MARIO
1000 WEST AVE, APT #811
MIAMI BEACH, 33139

10. Name and Address of New Registered Agent

81 Name: MAGALHAES, MARIO
82 Street Address (P.O. Box Number is Not Acceptable): 3069 N. W. 99 PLACE
83
84 City: MIAMI FL 85 Zip Code: 33172

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] 1.10.95
(Typed or printed name of person signing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	VS	Title	V. S. ☒ Change ☐ Addition
Name	MAGALHAES, LUCIANA	Name	MAGALHAES, CARLA
Street Address	1000 WEST AVE, APT. 811	Street Address	8069 N.W. 99PLACE
City-St-Zip	MIAMI BEACH FL	City-St-Zip	MIAMI - FL, 33151
Title	P	Title	P ☒ Change ☐ Addition
Name	MAGALHAES, MARIO J.	Name	MAGALHAES, MARIO S.
Street Address	1000 WEST AVE, APT. 811	Street Address	3069 N.W. 99TH. PLACE
City-St-Zip	MIAMI BEACH FL	City-St-Zip	MIAMI - FLORIDA, 33172
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I declare that the information supplied with this report is true, accurate, complete and current as of [illegible]. I further certify that the information indicated on this 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 with an indication that I am an officer or director.

SIGNATURE: [signature] 1.16.95 305 372 1664
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Date) (Telephone Number)

0132033 CP