

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT 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 JUN 14 AM 10:02

**DOCUMENT # P93000042401 (8)**

1. Corporation Name  
**AMERICAN INTERNATIONAL TRAVEL SERVICES, INC.**

Principal Place of Business	Mailing Address
255 S ORANGE AVE SUITE 1466 ORLANDO FL 32801 US	255 S ORANGE AVE SUITE 1466 ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/15/1993</b>	3a. Date of Last Report <b>07/11/1994</b>
4. FEI Number <b>59-3192164</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
a. This corporation has liability for intangible tax under s. 198.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**STANTON, A J JR  
255 S ORANGE AVE  
SUITE 1466  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and this if appropriate (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>JUGO, ALFRED</b>
STREET ADDRESS	<b>7751 BLACK LAKE RD.</b>
CITY - ST - ZIP	<b>KISSIMMEE FL</b>
TITLE	<b>VS</b>
NAME	<b>STANTON, A.J. J</b>
STREET ADDRESS	<b>255 S. ORANGE AVE., STE. 1466</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>T</b>
NAME	<b>PETERS, JIMMY E.</b>
STREET ADDRESS	<b>7751 BLACK LAKE RD.</b>
CITY - ST - ZIP	<b>KISSIMMEE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address

SIGNATURE: Jimmie E. Peters / **JIMMIE E. PETERS** 6-8-95 407-397-1300  
Signature (Typed or Printed Name of Signing Officer or Director) Date (Signature Year)

CP2E034 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000042805 (0)**

1. Corporation Name  
**OUT THERE, INC.**

Principal Place of Business <b>1290 S. MILITARY TRAIL #412 DEERFIELD BEACH FL 33442</b>	Mailing Address <b>1290 S. MILITARY TRAIL #412 DEERFIELD BEACH FL 33442</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/10/1993</b>	3a. Date of Last Report <b>07/14/1994</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0415888</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	b. This corporation has liability for intangible tax under s. 199.025, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DAIGLE, WYNNE E 1290 S. MILITARY TRAIL #412 DEERFIELD BEACH FL 33442</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	City	85	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when translating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAIGLE, BRIAN R	1.2 NAME	
STREET ADDRESS	WESTWOOD DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SOMERSWORTH NH 03878	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAIGLE, WYNNE E	2.2 NAME	
STREET ADDRESS	1290 S. MILITARY TR #412	2.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL 33442	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 included 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: Wynne E Daigle **6-8-95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Required if new)

CR2E004 (3/95)

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P93000043084 (1)

1. Corporation Name  
**PREMIER RESOURCES CORP.**

Principal Place of Business      Mailing Address  
**444 BRICKELL AVE.  
PLAZA 6  
MIAMI FL 33131**      **444 BRICKELL AVE.  
PLAZA 6  
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/17/1993**      **02/17/1994**

2. Principal Place of Business      2a. Mailing Address  
21 **848 BRICKELL AVE. Suite 900**      26 **848 BRICKELL AVE. Suite 900**  
Suite, Apt #, etc      Suite, Apt #, etc

4. FEI Number      Applied For  
**65-0442624**       Not Applicable

22 **MIAMI FL**      27 **MIAMI FL**  
City & State      City & State

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

23 **33131**      28 **33131**  
Zip      Zip

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

24      25 **FL**      29      30 **FL**  
County      County

7. The corporation has liability for intangible tax under C. 100.030, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**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)      (Typed Registered Agent signature required after recording)      (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLAS, ALFREDO	2. NAME	
STREET ADDRESS	444 BRICKELL AVE., PLAZA 6	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	4. CITY, ST, ZIP	
TITLE	DT	21. TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMORRO, ALAN	22. NAME	SORDO, JOHNNY
STREET ADDRESS	444 BRICKELL AVE., PLAZA 6	23. STREET ADDRESS	848 BRICKELL AVE. SUITE 900
CITY, ST, ZIP	MIAMI FL	24. CITY, ST, ZIP	MIAMI FL 33131
TITLE	DV	31. TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, JOSE	32. NAME	
STREET ADDRESS	444 BRICKELL AVE., PLAZA 6	33. STREET ADDRESS	848 BRICKELL AVE. Suite 900
CITY, ST, ZIP	MIAMI FL	34. CITY, ST, ZIP	MIAMI FL 33131
TITLE	DPS	41. TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, RAFAEL	42. NAME	
STREET ADDRESS	444 BRICKELL AVE, PLAZA #C	43. STREET ADDRESS	848 BRICKELL AVE SUITE 900
CITY, ST, ZIP	MIAMI FL	44. CITY, ST, ZIP	MIAMI FLORIDA 33131
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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 110.07(3)(b), Florida Statutes. I further certify that the information exhibited 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95      305-3771046  
(Date)      (Telephone Number)