

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000028193 (8)

1. Corporation Name
SERVITOURS, INC.



Principal Place of Business
**800 BRICKELL AVE SUITE 1109
MIAMI FL 33131**

Mailing Address
**800 BRICKELL AVE SUITE 1109
MIAMI FL 33131**

3. Date Incorporated or Qualified 04/11/1994	3a. Date of Last Report 02/13/1995
4. FET Number APPLIED FOR 65-0477397	Applied For 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. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**LORENZO, JOSE C
800 BRICKELL AVE SUITE 1109
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

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 firm in w.c., and accept the obligations of, Sections 607.0502, Florida Statutes.

SIGNATURE: *Jose C. Lorenzo*
Name of Director or Officer of the Corporation: Jose C. Lorenzo
Title: Registered Agent
Date: _____

12. OFFICERS AND DIRECTORS

1. NAME	D LORENZO, JOSE C	<input type="checkbox"/> DELETE
2. STREET ADDRESS	800 BRICKELL AVE SUITE 1109	
3. CITY-STATE-ZIP	MIAMI FL 33131	
4. NAME	D LORENZO, ESTHER	<input type="checkbox"/> DELETE
5. STREET ADDRESS	800 BRICKELL AVE., STE 1109	
6. CITY-STATE-ZIP	MIAMI FL	
7. NAME		<input type="checkbox"/> DELETE
8. STREET ADDRESS		
9. CITY-STATE-ZIP		
10. NAME		<input type="checkbox"/> DELETE
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. NAME		<input type="checkbox"/> DELETE
14. STREET ADDRESS		
15. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jose C. Lorenzo* 2-19-96 305 3818541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)