

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90101 022 ***150.00

01/14/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000028193**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **242 NW 42 AVE**
 Suite, Apt. #, etc.
 22

2a. Mailing Address
 26 **242 NW 42 AVE**
 Suite, Apt. #, etc.
 27

City & State
 23 **Miami Florida**
 28 **Miami FL**

Zip Country
 24 **33126** 25
 29 **33126** 30

3. Date Incorporated or Qualified
04/11/1994

4. FEI Number
65-0479397
 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 owes the current year Intangible Personal Property Tax. Yes No

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
 82 Street Address (P.O. Box Number is Not Acceptable)
242 NW 42 AVE
 83
 84 City **Miami** FL 85 Zip Code **33126**

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 reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|------------------------------------|---------------------------------|
| TITLE | D | |
| NAME | LORENZO, JOSE C | |
| STREET ADDRESS | 800 BRICKELL AVE SUITE 1109 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | |
| NAME | LORENZO, ESTHER | |
| STREET ADDRESS | 800 BRICKELL AVE., STE 1109 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|-----------------------|--|-----------------------------------|
| 1.1 TITLE | | | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | 242 NW 42 AVE | | |
| 1.4 CITY-ST-ZIP | Miami FL 33126 | | |
| 2.1 TITLE | | | |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | 242 NW 42 AVE | | |
| 2.4 CITY-ST-ZIP | Miami FL 33126 | | |
| 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 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, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99
 Date Daytime Phone #

CR2E034 (1/1/98)