

**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 # P94000057701 (2)**

1. Corporation Name  
**ELIO'S TOUR & TRAVEL, INC.**



Principal Place of Business: **3607 SW 8TH STREET MIAMI FL 33134**  
Mailing Address: **2650 SW 104TH COURT MIAMI FL 33165**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/04/1994</b>	3a. Date of Last Report <b>08/29/1995</b>
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>65-0585246</b>	Applied For <input type="checkbox"/> 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FORNARIS, ELIO 2650 SW 104TH CT. MIAMI FL 33165</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, PEDRO A</b>	1.2 NAME	
STREET ADDRESS	<b>8401 SW 33RD TERRACE</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL 33155</b>	1.4 CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORNARIS, ELIKO</b>	2.2 NAME	<b>FORNARIS, ELIKO</b>
STREET ADDRESS	<b>2650 SW 104TH CT.</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL 33165</b>	2.4 CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORNARIS, VIRGINIA</b>	3.2 NAME	
STREET ADDRESS	<b>2650 SW 104TH CT.</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL 33165</b>	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 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: **ELIO FORNARIS - TREASURER** 3/7/96 (305) 551-9615  
Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (12/95)