

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

FILED

**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33165-2721**

3. Date incorporated or Qualified
08/04/1994

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
65-0585246

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

**FORNARIS, ELIO
2650 SW 104TH CT.
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name **MANUEL J. FORNARIS**

82 Street Address (P.O. Box Number is Not Acceptable)
2650 SW 104TH CT

83 City **MIAMI FL 33165**

84 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: *[Signature]* DATE: **2/17/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, PEDRO A	
STREET ADDRESS	8401 SW 33RD TERRACE	
CITY- ST- ZIP	MIAMI FL 33155	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FORNARIS, ELIO	
STREET ADDRESS	2650 SW 104TH CT.	
CITY- ST- ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FORNARIS, VIRGINIA	
STREET ADDRESS	2650 SW 104TH CT.	
CITY- ST- ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MANUEL J. FORNARIS
2.3 STREET ADDRESS	2650 SW 104TH CT
2.4 CITY- ST- ZIP	MIAMI FL 33165
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 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.

SIGNATURE: *[Signature]* DATE: **2/10/97** (305) 651-2299

CR2E034 (9/96)