

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000086599 (5)**

1. Corporation Name
ALTA TOURS IMP & EXP, INC.



Principal Place of Business: **5880 COLLINS AVE SUITE 406 MIAMI BEACH FL 33140**
Mailing Address: **5900 COLLINS AVE SUITE 406 MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified: **11/30/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0536647**
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

2. Principal Place of Business: **7455 COLLINS AVE SUITE # 207 MIAMI BEACH, FL 33141 USA**
2a. Mailing Address: **7455 COLLINS AVE SUITE # 207 MIAMI BEACH FL 33141 U.S.A.**

9. Name and Address of Current Registered Agent:
**AUSTER, SERGIO
5880 COLLINS AVE SUITE 406 MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent:
81 Name: **AUSTER, SERGIO**
82 Street Address: **7455 COLLINS AVE S. 207**
83
84 City: **MIAMI BEACH** FL 85 Zip Code: **33141**

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: *Sergio Auster* **SERGIO AUSTER SECRETARY** 01-13-96

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GETSTAIN, JOSE J	
STREET ADDRESS	% 5880 COLLINS AVE SUITE 406 MIAMI BEACH FL 33140	
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BARATZ, ALTA	
STREET ADDRESS	% 5880 COLLINS AVE SUITE 406 MIAMI BEACH FL 33140	
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> DELETE
NAME	AUSTER, SERGIO	
STREET ADDRESS	% 5880 COLLINS AVE SUITE 406 806 MIAMI BEACH FL 33140	
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ESPERANCA, CLAUDIA A	
STREET ADDRESS	% 5880 COLLINS AVE SUITE 406 MIAMI BEACH FL	
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		
1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GETSTAIN, JOSE J	
1.3 STREET ADDRESS	7455 COLLINS AVE S 207 MIAMI BEACH - FL 33141	
1.4 CITY-ST-ZIP		
2.1 TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARATZ, ALTA	
2.3 STREET ADDRESS	5880 COLLINS AVE S 406 MIAMI BEACH FL 33140	
2.4 CITY-ST-ZIP		
3.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AUSTER, SERGIO	
3.3 STREET ADDRESS	5880 COLLINS AVE S 806 MIAMI BEACH FL 33140	
3.4 CITY-ST-ZIP		
4.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ESPERANCA, CLAUDIA A	
4.3 STREET ADDRESS	5880 COLLINS AVE S 806 MIAMI BEACH FL 33140	
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 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: *Sergio Auster* **SERGIO AUSTER** 01-13-96 305-868-8771

CR2E034 (12/95)