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Feb 24, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000014706**1. Corporation Name

QUEEN TOURS AND TRAVEL, INC.

Principal Place	e of Business	Mailing A	ddress									
266-S.W. 871H		955 S.W. 8										
MIAMI FL 33174		MIAMI FL 33174				DO NOT WRITE IN THIS SPACE						
US		US	US				3. Da	ate Incorporated or 0				
							1 **	2/20/1995				
2 Principal P	Place of Business	2a. Mailin	a Address			-		I Number			Ar	plied For
21		26	<b>3</b> · · · · · ·				65	5-0560003				t Applicable
Suite, Apt.	#, etc.		Apt. #, etc.	<del>-</del> 4							\$8.75	Additional
22		27					5. Ce	ertifcate of Status De	esirea (	J	Fee Re	equired
City & Stat	te	City &	State				6. Ele	ection Campaign Fir	ancing [		\$5.00	May Be
23		28					Tru	ust Fund Contribution	n '		Added	to Fees
Zip	Country	Zip		Count	Гу			is corporation owes				п.,
24	25	29		30				rsonal Property Tax			∐ Yes	□No
	9. Name and Address of Curi	rent Registered A	\gent	8	4 1	lame	10. Na	ame and Address o	T New Reg	istered A	gent	****
PADI	BOSA, CONNIE			0	"  "	iame						
1	S.W. 87TH AVE			8	2 S	treet Addr	ress (P.O.	Box Number is Not	Acceptable	3)		
	VII FL 33174			8	<u>-</u>							<u> </u>
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				8	4 (	ity	+			FL	85 Zip (	Code
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	to the provisions of Sections 607.0	DUZ and bu7.1506	ร. คงกัดส อเสเน	ies, ine abu		ameu corp	JUI GLIUIT SU	milliră nua ararenten	tioi lile pu	I POSC OI C		
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office or re	registered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida. Such	n change was a	authorized b	y the	corporation	on's board	d of directors. I here	by accept to	he appoint	ment as re	gistered
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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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

305-262-2969