

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

FILED

97 JAN 27 AM 11:42

SECRETARY OF STATE PALM BEACHES, FLORIDA



REINSTATEMENT ad qb

DOCUMENT # P95000049964 (6)

1. Corporation Name BIAN TOURS, INC.

Principal Place of Business 6900 SO. ORANGE BLOSSOM TRAIL STE 302 ORLANDO FL 32809 Mailing Address 6900 SO. ORANGE BLOSSOM TRAIL STE 302 ORLANDO FL 32809

3. Date Incorporated or Qualified 06/26/1995 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-3338259 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country 29 Zip Country 30 Zip Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEINE, DWIGHT 6900 SO. ORANGE BLOSSOM TRAIL STE 302 ORLANDO FL 32809

81 Name MARIO CABO 82 Street Address 6640 BANNER LAKE CIRCLE APT 203 83 84 ORLANDO FL 85 Zip Code 32821

11. Pursuant to the provisions of Sections 607.0082 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 607.008, Florida Statutes.

SIGNATURE: [Signature] NOTE: Registered Agent Signature Required when reinstating. DATE: 1/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE BIANCHI, DANIEL 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

1.1 TITLE 1.2 NAME SAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE ANFUSO, CLAUDIO 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME SAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE SECRETARY & TREASURER 3.2 NAME MARIO CABO 3.3 STREET ADDRESS 6900 S.O. BLOSSOM TRAIL STE 302 3.4 CITY-ST-ZIP ORLANDO, FL 32809

3.1 TITLE SECRETARY & TREASURER 3.2 NAME MARIO CABO 3.3 STREET ADDRESS 6900 S.O. BLOSSOM TRAIL STE 302 3.4 CITY-ST-ZIP ORLANDO FL 32809

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 100002071821-8 -01/29/97-01020-006 ****375.00 ****375.00 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 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: [Signature] MARIO CABO

1-16-96 (407) 857-6197

CR2E034 (12/95)