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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000062891 (3)

### MM TRANSPORTATION TOUR INC.

Principal Place of Business

7061 GRAND NATIONAL DRIVE #105R
ORLANDO FL 32819

Mailing Address

7061 GRAND NATIONAL DRIVE #105R
ORLANDO FL 32819-8398

# FILED Feb 18 1997 8:00am Secretary of State



ORLANDO FL 32819		ORLANDO FL 32819-8398	ORLANDO FL 32819-8398		
				3. Date Incorporated or Qualified 08/14/1995	3a. Date of Last Report 05/01/1996
2. Principal f	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		59-3330626	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Contra	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes : No
24	25   9. Name and Address of Cui		30	Florida Statutes  10. Name and Address of New Re	
		rient negistered Agent	81 Name	10, Name and Address of New Ne	Sieralen Võelir
	SSOS-MAIA, MARCIA R		of Ivalle		
13057 BROAKFIELD CIRCLE ORLANDO FL 32837			82 Street Address (P.O. Box Number is Not Acceptable)		
J			83		
			84 City		FL 85 Zip Code
office or	registered agent, or both, in the S	tate of Florida. Such change was a	uthorized by the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its registered
agent I	am familiar with, and accept the of	bligations of, Section 607.0505, Flo	rida Statutes.	,,,,,,,,	
SIGNATURE	Signature, typed or printed name of registario	d agent and little if applicable (NOTE	: Registered Agent signature rec	ouked when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TUTLE		Change Addition
NAME	MARCIA REGINA PASSOS	MAIA	1.2 NAME	·	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	***************		1.3 STREET ADDRESS		
CHTY-SI-ZIP	ORLANDO FL		1.4 CITY+ST-ZIP		
TILE	SVP	DELETE	21 TITLE	APARTON AND AND AND AND AND AND AND AND AND AN	Change Addition
NAME	JOSE DE OLIVEIRA MAIA		22 NAME	e <sup>1</sup>	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	97	ોમાં <u>કે</u>
TITLE	0.00000	DELETE	3.1 TITLE	**************************************	Change Addition
NAME		<u></u>	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME.		Lad Occur	5.1 NAME		ET OFFISH ET WHITTON
				•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY ST-ZIP	<u> </u>	☐ DELETE	5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TOLE		L UELEIE	61 TITLE		Cuards C Vacuus
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
PUTY OF TID	1		C LOTTY OF TIP		

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

NAVETANT LAND TYPED ON PRINCES ON AMOUNT OFFICER ON DIRECTOR

1-17-97

407-345-1534