

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000091098 (0)

1. Corporation Name

EXPERIENCE THE ADVENTURE TOURS, INC.



Principal Place of Business

1700 S.W. 57 AVENUE #214
MIAMI FL 33155

Mailing Address

1700 S.W. 57 AVENUE #214
MIAMI FL 33155

2. Principal Place of Business

21 1350 SW 57 Ave.

22 Suite Apt # etc. Suite 315

23 City & State Miami FL

24 Zip 33144

25 Country USA

2a. Mailing Address

26 1350 SW 57 Ave.

27 Suite Apt # etc. Suite 315

28 City & State Miami FL

29 Zip 33144

30 Country USA

9. Name and Address of Current Registered Agent

ALVAREZ, TERESITA D
3400 S.W. 76 AVENUE
MIAMI FL 33155

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/30/1995

3a. Date of Last Report

4. FEI Number

65-0621698

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. 199.03? Florida Statutes

Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.01(2) and 607.1504, 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.01(2), Florida Statutes.

SIGNATURE

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANREUS, LUCIA	
STREET ADDRESS	11736 S.W. 102 STREET	
CITY, ST, ZIP	MIAMI FL 33183	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, TERESITA D	
STREET ADDRESS	3400 S.W. 76 AVENUE	
CITY, ST, ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information submitted with this filing voluntarily furnished and does not qualify for the exemption under Section 17.07(3)(g), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation. This report is filed in accordance with the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or deleted in accordance with an address.

SIGNATURE:

Teresita Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

1/29/96

305-267-6644

CR2E034 (12/95)