

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Aug 03, 2000 8:00 am Secretary of State

08-02-2000 90157 029 \*\*\*150.00

DOCUMENT # P96000077172 (0)

1. Corporation Name TOURS EXPRESS INCENTIVES, INC.

19223

Principal Place of Business (CORRECT ADDRESS) 7930 N.W. 36th Street Suite 216 Miami, Florida 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 9/17/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	28	65-0697417	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes the current year intangible Personal Property Tax.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country	Country		
24	29	30	

9. Name and Address of Current Registered Agent

GONZALEZ, PATRICIO J.  
7930 NW 36th Street  
Suite 216  
Miami, Florida 33166

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Patricio J.	1.2 NAME	
STREET ADDRESS	10259 N.W. 51st Lane, Doral Park/Cove	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33178	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

(805) 593-1486

DOC # P9600001112  
19223

**JORDAN, PADIAL & COMPANY, P.A.**  
Certified Public Accountants

July 17, 2000

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Tours Express Incentives, Inc.

Dear Sir or Madam:

Our client has asked us to respond to you concerning the 2000 Uniform Business Report, indicating a filing fee of \$550.00. Please be advised that when the 1999 Profit Corporation Annual Report was filed we made a correction to the address. However, when the 2000 Uniform Business Report was mailed, the address had not been corrected and therefore not received by our client. Due to unknown circumstances, they did receive your final notice for filing the report.

We are enclosing the completed report along with the \$150.00 filing fee and the copy of the 1999 annual report. We ask for your consideration with respect to the above that the late filing fee of \$400 will be waived.

Thank you for your attention on this matter.

Sincerely,

**JORDAN, PADIAL & COMPANY, P.A.**

  
Arturo Jordan, CPA

AJ/lr

Enclosures

cc: Tours Express Incentives, Inc.