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

DOCUMENT # **S24189** **(0)**

1. Corporate Name

ALBADER TRAVEL & TOURISM INC.

Principal Place of Business
3251 LAKE GEORGE COVE DRIVE
ORLANDO FL 32812

Mailing Address
3251 LAKE GEORGE COVE DRIVE
ORLANDO FL 32812

2. Principal Place of Business
21
Street Address
22
City, State
23
Zip
24
Country
25

2a. Mailing Address
26
Street Address
27
City, State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: **01/10/1991**

3a. Date of Last Report: **01/24/1995**

4. FEI Number: **59-3103789** [ ] 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. 199.032, Florida Statutes. [ ] Yes [✓] No

9. Name and Address of Current Registered Agent

FAKHOURY, MAURICE
3251 LAKE GEORGE COVE DRIVE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

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

11. For the purpose of Section 607.0505 and F.S. 1996, 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 I accept the obligations of my position, Section 607.0505, Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS

P [ ] DELETE
ALDODERI, BADER YOUSIF
AL BADER HOUSE, GOV. RD.
MANAMA - BAHRAIN

V [ ] DELETE
ALDOSERI, KHALID YOUSIF
AL BADER HOUSE, GOV. RD.
MANAMA - BAHRAIN

S [ ] DELETE
FAKHOURY, MAURICE
3251 LAKE GEORGE COVE
ORLANDO FL

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
[ ] Change [ ] Add

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY, ST, ZIP
[ ] Change [ ] Add

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY, ST, ZIP
[ ] Change [ ] Add

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY, ST, ZIP
[ ] Change [ ] Add

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY, ST, ZIP
[ ] Change [ ] Add

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY, ST, ZIP
[ ] Change [ ] Add

14. I hereby certify that the information supplied with this report or supplement of 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 in compliance with this section. ~~must appear in Block 12 or Block 13 in compliance with this section.~~

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (12/95)