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 # **P95000091098 (0)**

1. Corporation Name

EXPERIENCE THE ADVENTURE TOURS, INC.

Principal Place of Business	Mailing Address
1700 S.W. 57 AVENUE #214 MIAMI FL 33155	1700 S.W. 57 AVENUE #214 MIAMI FL 33155

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. 199.032 Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1350 SW 57Ave.	26 1350 SW 57Ave
22 Suite Apt. # etc. Suite 315	27 Suite Apt. # etc. Suite 315
23 City & State Miami Fl	28 City & State Miami Fl
24 Zip 33144 25 Country USA	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

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. Pursuant to the provisions of Sections 607.1501 and 617.1501, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ANREUS, LUCIA	
STREET ADDRESS	11736 S.W. 102 STREET	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	TSD	☐ DELETE
NAME	ALVAREZ, TERESITA D	
STREET ADDRESS	3400 S.W. 76 AVENUE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
1 NAME	
1 STREET ADDRESS	
1 CITY-ST-ZIP	
2 TITLE	☐ Change ☐ Addition
2 NAME	
2 STREET ADDRESS	
2 CITY-ST-ZIP	
3 TITLE	☐ Change ☐ Addition
3 NAME	
3 STREET ADDRESS	
3 CITY-ST-ZIP	
4 TITLE	☐ Change ☐ Addition
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
6 NAME	
6 STREET ADDRESS	
6 CITY-ST-ZIP	

CR2E034 (12/95)

14. I (We) hereby certify that the information indicated on this report or supplemental report is true and accurate and that my (our) signature(s) 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 added above.

SIGNATURE: Teresita Alvarez Director 1/29/96 305-267-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number