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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

97 JAN 27 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000049964 (6)

1. Corporation Name

BIAN TOURS, INC.

Principal Place of Business

6900 SO. ORANGE BLOSSOM TRAIL STE 302
ORLANDO FL 32809

Mailing Address

6900 SO. ORANGE BLOSSOM TRAIL STE 302
ORLANDO FL 32809

REINSTATEMENT *ad qb*

3. Date Incorporated or Qualified 06/26/1995
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEINE, DWIGHT

6900 SO. ORANGE BLOSSOM TRAIL STE 302
ORLANDO FL 32809

81 Name

MARIO CABO

82 Street Address (P.O. Box Number is Not Acceptable)

6640 BANNER LAKE CIRCLE APT 203

83

84

ORLANDO

FL

85

Zip Code 32821

11. Pursuant to the provisions of Sections 607.0032 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 607.0032, Florida Statutes.

SIGNATURE

Signature, name or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

MARIO CABO

DATE

1/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME BIANCHI, DANIEL
STREET ADDRESS 6900 SO. ORANGE BLOSSOM TRAIL STE 302
CITY-ST-ZIP ORLANDO FL 32809

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

SAME

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME ANFUSO, CLAUDIO
STREET ADDRESS 6900 SO. ORANGE BLOSSOM TRAIL STE 302
CITY-ST-ZIP ORLANDO FL 32809

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SAME

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME SECRETARY & TREASURER
STREET ADDRESS MARIO CABO
CITY-ST-ZIP 6900 S.O. BLOSSOM TRAIL STE 302
ORLANDO, FL 32809

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SECRETARY & TREASURER
MARIO CABO
6900 S.O. BLOSSOM TRAIL STE 302
ORLANDO FL 32809

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

100002071821-8
-01/29/97--01020--006
****375.00 ****375.00

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO CABO

Date

Daytime Phone #

1-16-96 (407) 857-6197

CR2E034 (12/95)