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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K01684** **(5)**

1. Corporation Name
ARITOUR TRAVEL INC.

Principal Place of Business	Mailing Address
430 WEST LANCASTER ROAD ORLANDO FL 32809 US	430 W. LANCASTER RD. ORLANDO FL 32809-4917 US

3. Date Incorporated or Qualified: 11/03/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 5458 Hoffner Ave	26 5458 Hoffner Ave
Suite, Apt. #, etc. 22 305	Suite, Apt. #, etc. 27 305
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip 24 32812 Country 25 USA	Zip 29 32812 Country 30 USA

4. FEI Number: 59-2868632 ☐ 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	10. Name and Address of New Registered Agent
FERNANDEZ, ARIEL M. 430 W. LANCASTER ROAD ORLANDO FL 32809	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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FERNANDEZ, ARIEL		1.2 NAME	Ariel Fernandez	
STREET ADDRESS	242 MINNESSOTTA WOODS LN		1.3 STREET ADDRESS	7803 EHW DR	
CITY-ST-ZIP	ORLANDO FL 32822		1.4 CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	VPT	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BADIE, ERNESTO G		2.2 NAME		
STREET ADDRESS	3538 COZUMEL CR., APT. 207		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Ariel M Fernandez 4-30-97 407 380-5050