

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

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000065970**
1. Corporation Name
ALINA'S TRAVEL & TOURS, INC

Principal Place of Business 1569 OKEECHOBEE ROAD HIALEAH, FL 33010	Mailing Address 1569 OKEECHOBEE ROAD HIALEAH, FL 33010
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3. Date Incorporated or Qualified 9/08/94	3a. Date of Last Report 6/01/96
4. FEI Number 65-0518000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1569 OKEECHOBEE ROAD	2a. Mailing Address 26 1569 OKEECHOBEE ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HIALEAH, FL	City & State 28 HIALEAH, FL
Zip 24 33010	Country 25 DADE
Zip 29 33010	Country 30 DADE

9. Name and Address of Current Registered Agent
**PEDRO LUIS GONZALEZ
17000 N.W. 67TH AVE APT 322
MIAMI, FL 33015**

10. Name and Address of New Registered Agent

81 Name IRIS D. MARIN
82 Street Address (P.O. Box Number is Not Acceptable) 1569 OKEECHOBEE ROAD
83
84 City MIAMI
FL 85 Zip Code 33015

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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]* DATE **3/27/97**

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME GONZALEZ, PEDRO LUIS	
STREET ADDRESS 17000 N.W. 67AVE APT 322	
CITY-ST-ZIP MIAMI, FL 33015	
TITLE STD	<input checked="" type="checkbox"/> DELETE
NAME GONZALEZ, ISIS M.	
STREET ADDRESS 17000 N.W. 67AVE APT 322	
CITY-ST-ZIP MIAMI, FL 33015	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D, STD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME MARIN, IRIS	
1.3 STREET ADDRESS 1569 OKEECHOBEE ROAD	
1.4 CITY-ST-ZIP HIALEAH, FL 33010	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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[Signature]

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: *[Signature]* DATE: **3/27/97**