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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P9600006122 (1) GITACHE TOURS, INC. Principal Place of Business Mailing Address 7616 SOUTHLAND BLVD. 7816 SOUTHLAND **STE 104** STE 104 DO NOT WRITE IN THIS SPACE ORLANDO FL 32809 ORLANDO FL 32809 3. Date Incorporated or Qualified <u>01/17/199</u>6 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3359052 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PRIETO, ANTONIO 1849 \$0. KIRKMAN ROAD APT. 1116 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32811 83 84 City 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 Signature, typed or printed name of registered against and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE PRIETO, ANTONIO NAME 1.2 NAME 1849 SO. KIRKMAN ROAD APT. 1116 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32811 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETÉ Change 3.1 TITLE Addition TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change ☐ Addition

CITY-ST-7IP 6.4 CITY - ST - 7IP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an oe emportanced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this indicated on this annual reportor supplemental annual officer or director of the corporation or the receiver of Block 12 or Block 13 if cha

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

ANTONIO PRIETO 1/26/98 407 8500/84

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Mar 13 1998 8:00am