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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000076912 (9)

1. Corporation Name

ALVATOUR TRAVEL & SERVICES, CORP.

Principal Place of Business

1000 E ATLANTIC BLVD. SUITE #205-C
POMPANO BEACH FL 33060

Mailing Address

1000 E ATLANTIC BLVD. SUITE #205-C
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number

65-0775605

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4622 N. FED. HWY

Suite, Apt. #, etc.

22 City & State

23 LIGHTHOUSE POINT - FL

24 33064

Country

25 USA

2a. Mailing Address

26 4622 N FED HWY

Suite, Apt. #, etc.

27 City & State

28 LIGHTHOUSE POINT. FL

29 33064

Country

30 USA

9. Name and Address of Current Registered Agent

FIALHO, ALVANIA V
1000 E ATLANTIC BLVD, SUITE #205-C
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name

ALVANIA VIVIANE FIALHO

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

4622 N. FED. HWY

83

84 City

LIGHTHOUSE POINT FL

85 Zip

33433

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FIALHO, ALVANIA V
STREET ADDRESS 1062 S MILITARY TRAIL #103
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME FIALHO, ALVANIA VIVIANE
1.3 STREET ADDRESS 8145 BOCA RIO DRIVE
1.4 CITY-ST-ZIP BOCA RATON FL 33433

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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] 04/22/98 954-784-7656

CR2E034 (10/97)