

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H75557** (9)
1. Corporation Name
ACC TOURS, INC.



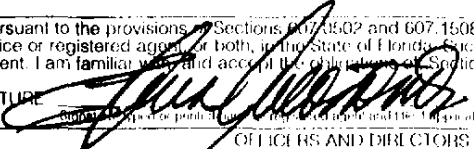
Principal Place of Business C/O ROLAND A. LANGEN 112 S. HIBISCUS ISLAND MIAMI FL 33139	Mailing Address C/O ROLAND A. LANGEN 112 S. HIBISCUS ISLAND MIAMI FL 33139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/11/1985	
4. FEI Number 59-2584305		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			

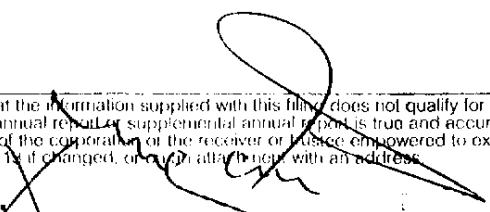
9. Name and Address of Current Registered Agent LANGEN, RONALD A. 112 S. HIBISCUS ISLAND MIAMI FL 33139		10. Name and Address of New Registered Agent 81 Name ELENA ARTAMENDI 82 Street Address (P.O. Box Number is Not Acceptable) 3421 S.W. 112 AVENUE 83 84 City MIAMI FL 85 Zip Code 33165	
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11. 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, which 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 607.0506, Florida Statutes.

SIGNATURE  **APRIL 29, 1998**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CARBONE, ANTONIO CARLOS	1.2 NAME	
STREET ADDRESS	11531 SW 93 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARBONE, MEIRE P.A.	2.2 NAME	
STREET ADDRESS	11531 SW 93 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	V.P. FINANCE AND ADMIN. ☒ Change ☐ Addition
NAME	ARTAMENDI, ELENA	3.2 NAME	ELENA ARTAMENDI
STREET ADDRESS	3421 SW 112TH AVE	3.3 STREET ADDRESS	3421 S.W. 112 AVENUE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL. 33165
TITLE	D ☐ DELETE	4.1 TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	SANTOS, JAIR C.	4.2 NAME	JAIR . SANTOS
STREET ADDRESS	271 SW 30TH RD	4.3 STREET ADDRESS	444 S.W. 24 ROAD
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL. 33129
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	

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 in an attachment with an address.

SIGNATURE  **4/28/98 (305) 579-8688**

CR2E034 (10/97)