

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90117 001 \*\*\*150.00

DOCUMENT # H75557

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

DO NOT WRITE IN THIS SPACE

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 ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 444 BRICKELL AVENUE

Suite, Apt. #, etc.

22 M-128

City & State

23 MIAMI, FLORIDA

24 33131

Country  
25 USA

2a. Mailing Address

26 c/o MAURO C. SANTOS

Suite, Apt. #, etc.

27 25 S.E. 2nd AVE #1235

City & State

28 MIAMI, FLORIDA

29 33131

Country  
30 USA

9. Name and Address of Current Registered Agent

ARTMENDI, ELENA  
3421 SW 112TH AVE  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

MAURO C. SANTOS

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

25 S.E. 2nd AVE. SUITE 1235

83

84 City

MIAMI

FL

85 Zip Code  
33131

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 date of appointment

(NOTE: Registered Agent signature required when reinstating)

3/24/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTS  
NAME CARBONE, ANTONIO CARLOS  
STREET ADDRESS 11531 SW 93 ST.  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME CARBONE, MEIRE P.A.  
STREET ADDRESS 11531 SW 93 ST.  
CITY-ST-ZIP MIAMI FL

TITLE VP  
NAME ARTAMENDI, ELENA  
STREET ADDRESS 3421 SW 112TH AVE  
CITY-ST-ZIP MIAMI FL

TITLE VP  
NAME SANTOS, JAIR C.  
STREET ADDRESS 444 SW 24TH RD  
CITY-ST-ZIP MIAMI FL

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

03/24/99

(305)579-8688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0205924