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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000086599

1. Corporation Name
ALTA TOURS IMP & EXP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7370 NW 36 ST
SUITE 220J
MIAMI FL 33166
US

Mailing Address
7370 NW 36 ST
SUITE 220J
MIAMI FL 33166
US

3. Date Incorporated or Qualified
11/30/1994

4. FEI Number
65-0536647

Applied For
Not Applicable

2. Principal Place of Business
21 7370 N.W 36 STREET
Suite, Apt. #, etc.
22 415-J
City & State
23 MIAMI FL

2a. Mailing Address
26 7370 N.W 36 STREET
Suite, Apt. #, etc.
27 415-J
City & State
28 MIAMI FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33166 25 Country

29 33166 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SERGIO, AUSTER
7370 NW 36 ST, SUITE 220J
AIRPORT PLAZA
MIAMI FL 33166

81 Name EPITACIO C. NETO
82 Street Address (P.O. Box Number is Not Acceptable) 7370 N.W. 36 STREET, STE. 415-J
83 AIRPORT PLAZA
84 City MIAMI FL 85 Zip Code 33166

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

4-9-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GETSTAIN, JOSE J	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	7370 N.W. 36 STREET, SUITE 220-J		1.2 NAME
STREET ADDRESS	MIAMI FL 33166		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	VD BARATZ, ALTA	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	7370 N.W. 36 STREET, SUITE 220-J		2.2 NAME
STREET ADDRESS	MIAMI FL 33166		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	TD AUSTER, SERGIO	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	7370 N.W. 36 STREET, SUITE 220-J		3.2 NAME
STREET ADDRESS	MIAMI FL 33166		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

Date

305.471-7781

Daytime Phone #

CR2E034 (11/98)