I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRE

SIGNATURE: ROSANNA MENDEZ

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000083798

Entity Name: VACATION TOURS, INC.

Current Principal Place of Business:

4201 SW 11 ST CORAL GABLES, FL 33134

Current Mailing Address:

4201 SW 11 ST CORAL GABLES, FL 33134

FEI Number: 65-0704422

Name and Address of Current Registered Agent:

MENDEZ, ROSANNA M 4201 SW 11 ST CORAL GABLES, FL 33134 US

Date

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Ρ	Title	D
Name	MENDEZ, ROSANNA M	Name	ALVAREZ, ALEXANDRA
Address	4201 SW 11 ST	Address	4201 SW 11 ST
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

01/28/2021

Date