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.

SIGNATURE: ALVANIA VIVIANE SAIDE

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P97000076912

Entity Name: ALVATOUR TRAVEL & SERVICES, CORP.

Current Principal Place of Business:

4624 N. FEDERAL HWY LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

4624 N. FEDERAL HWY LIGHTHOUSE POINT, FL 33064 US

FEI Number: 65-0775605

Officer/Director Detail :

CEO

SAIDE, ALVANIA V

City-State-Zip: LIGHTHOUSE POINT FL 33064

4624 N FEDERAL HWY

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SAIDE, ALVANIA V 4624 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT, FL 33064 US

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:

Title

Name

Address

TitleMNameFIALHO, CARLA VAddress4624 N FEDERAL HWYCity-State-Zip:LIGHTHOUSE POINT FL 33064

PRESIDENT

02/09/2019 Date

FILED Feb 09, 2019 Secretary of State 9898907198CC

Certificate of Status Desired: No

Date