FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **250190** **(6)**

1. Corporation Name

AMERICANA TOURS, INC.

Principal Place of Business	Mailing Address
200 S.E. FIRST ST. MIAMI FL 33131	200 S.E. FIRST ST. MIAMI FL 33131

3. Date Incorporated or Qualified: **08/12/1961**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **59-1228689** ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 7275 NW 25 STREET	26
Suite, Apt. #, etc. 22 319	Suite, Apt. #, etc. 27
City & State 23 MIAMI FLORIDA	City & State 28
Zip 24 33122	Zip 29
Country 25 USA	Country 30

9. Name and Address of Current Registered Agent

~~FRNAK BASTIDAS~~ FRANK E. BASTIDAS
~~200 S.E. FIRST ST.~~ 7275 NW 25TH STREET SUITE 319
~~MIAMI FL 33131~~ MIAMI, FL 33122

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: F. E. Bastidas, Pres. DATE: 4-08-96
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	BASTIDAS, F.E.		1 2 NAME	
STREET ADDRESS	200 S.E. FIRST ST.		1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1 4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	BASTIDAS,AMPARO		2 2 NAME	
STREET ADDRESS	200 S.E. FIRST ST.		2 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
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	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: F. E. Bastidas — 4-08-96 — 305 593-6078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #