## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 351160**

1. Entity Name

C.L. HOECHNER-OVERSEAS TOURS, INC.



Principal Place of Business

MIAMI, FL 33157

16620 SW 91 AVE MIAMI, FL 33157-3410 US Mailing Address

16620 SW 91 AVE MIAMI, FL 33157-3410 US FILED Feb 02, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01242004 No Chg-P CR2E034 (10/03)

FEI Number	Applied For
59-1282092	Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CARL CHRISTIAN HOECHNER 16620 SW 91 AVE

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

8. The above the obligat	nemed entity submits this statement for the pulions of registered agent.	rpose of changing its registere	d office or rep	pistered agent, or bo	th, in the State of Florida. I am fa	millar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title $\ell$	applicable. (NOTE: Registered	Agent signature o	aquired when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees	U00000026746 02/03/04-80020-00	4 150.00	
10.	OFFICERS AND DIREC	TORS	11 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOECHNER, CARL CHRISTIAN 16620 SW 91 AVE MIAMI, FL 33157					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLER, ALICIA H 16620 SW 91 AVE MIAMI, FL 33157				A COLOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN!	THIS SPACE	
TITLE NAME						

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther certify that the information indicated on this report or supplemental 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 showered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

Christian Hoechner for 29.04 (305) 23