

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
1995 MAY -1 5:11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 434233 (3)

INTERNATIONAL TOURIST REPRESENTATIVE INC

Principal Place of Business

Mailing Address

4781 N.W. 72nd Ave
MIAMI - FL 33166

SAME

400001432904
-05/18/95--01011--012
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 8/31/73	3a. Date of Last Report 6/21/94
4. FEI Number 59-1496781	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 11. SAME	2a. Mailing Address 26. SAME
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
27. City & State	27. City & State
28. Country	28. Country
29. Zip	30. Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDRES DIELINGEN
4781 N.W. 72nd AVE
MIAMI - FL 33166

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

I, the undersigned, being a resident of the State of Florida, do hereby certify that 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]*

5/5/95

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	1.1 TITLE	1.1 TITLE	☐ Change ☐ Addition
2. STREET ADDRESS	1.2 NAME	1.2 NAME	
3. CITY-STATE-ZIP	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
	1.4 CITY-STATE-ZIP	1.4 CITY-STATE-ZIP	
4. NAME	2.1 TITLE	2.1 TITLE	☐ Change ☐ Addition
5. STREET ADDRESS	2.2 NAME	2.2 NAME	
6. CITY-STATE-ZIP	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
	2.4 CITY-STATE-ZIP	2.4 CITY-STATE-ZIP	
7. NAME	3.1 TITLE	3.1 TITLE	☐ Change ☐ Addition
8. STREET ADDRESS	3.2 NAME	3.2 NAME	
9. CITY-STATE-ZIP	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
	3.4 CITY-STATE-ZIP	3.4 CITY-STATE-ZIP	
10. NAME	4.1 TITLE	4.1 TITLE	☐ Change ☐ Addition
11. STREET ADDRESS	4.2 NAME	4.2 NAME	
12. CITY-STATE-ZIP	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
	4.4 CITY-STATE-ZIP	4.4 CITY-STATE-ZIP	
13. NAME	5.1 TITLE	5.1 TITLE	☐ Change ☐ Addition
14. STREET ADDRESS	5.2 NAME	5.2 NAME	
15. CITY-STATE-ZIP	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
	5.4 CITY-STATE-ZIP	5.4 CITY-STATE-ZIP	

I 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)(4), 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/95 (305) 477-7121