## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

**DOCUMENT # 440283** 

1 Corporation Name YOUR MAN TOURS, INC.

Principal Place of Business

8831 AVIATION BLVD. 8831 AVIATION BLVD. INGLEWOOD CA 90301 INGLEWOOD CA 90301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/26/1973 FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 95-2804251 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Zip Country ☐ Yes □No Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **BUSTOS, MARIO** Street Address (P.O. Box Number is Not Acceptable) 82 4101 COLLINS AVE. MIAMI BCH. FL 33140 83 Zip Code 85 84 City 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 1.1 TITLE TITLE **DUPUIS. FRANK** 1.2 NAME NAME 16401 MULHOLLAND DR. 1.3 STREET ADDRESS STREET ADDRESS LOS ANGELES CA 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE **DUPUIS, LENORA** 2.2 NAME NAME 16401 MULHOLLAND DR. 2.3 STREET ADDRESS STREET ADDRESS LOS ANGELES CA 2, 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 31 TITLE

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is tole 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, 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 address, with all other like empowered.

3.2 NAME

41 TITLE

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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FEB. <u>16,1999</u>

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☐ Change

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CR2E034 (11/98)

FILED Mar 06, 1999 8:00 am

Secretary of State

03-06-1999 90079 005 \*\*\*150.00