

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

CORPORATION,
ANNEX A, REPLY BY
1995



DEPARTMENT OF STATE
CORPORATE DIVISION
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # 470943

(2)

MAY 10 AM 10:25

POLVANI TOUR OPERATORS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2380 S DIXIE HWY.
COCONUT GROVE FL 33133

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COCONUT GROVE FL 33133

DEPARTMENT OF STATE (FORM 1000)

3. Effective Date of Registration		3a. Date of Last Report	
01/23/1975		01/24/1994	
2. Filing Office	2b. Filing Address	4. Filing Number	Applied For
21	26	59-1582588	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	7. This corporation has liability for intangible tax under S. 197.032	Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SILVA, ANTHONY R 13274 SW 58 AVENUE MIAMI FL 33156		L. STELLA DIAZ DE SALAS 1876 GALLEON STREET N. BAY VLGE, FL 33141	
11. Pursuant to the provisions of Sections 607.01(1) and 607.01(2) of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of registered agent or both in the State of Florida. Each change of registered office or registered agent must be accompanied by a statement of the board of directors, liberally accepted the appointment of registered agent. I am familiar with and accept the statement of the board of directors.		5/2/95	
SIGNATURE: L. STELLA DIAZ DE SALAS			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P GUISEPPE, POZZOLO SANTA FE 880 BUENOS AIRES, ARGENT	NAME	P GIANCARLO POLVANI VIA FIESCHI 40R. GENOVA-ITALY
NAME	T MARTINEZ, LUZ S. DIAZ DE SALAS, LUZ STELL MIAMI FL	NAME	T DIAZ DE SALAS L. STELLA 1876 GALLEON STREET N. BAY VLGE FL 33141
NAME	S SILVA, ANTHONY R. 13274 SW 58 AVE MIAMI FL	NAME	S MARIA BRUNA SANCHEZ 15440 S.W. 74 CIRCLE COURT MIAMI, FL
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	

14. I hereby certify that the information supplied with this filing is verifiably furnished and is true and qualify for the registration stated in law. I am a duly qualified Florida Statutes. I further certify that the information submitted with this filing is true and complete and that my signature shall have the same legal effect and that I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading.

SIGNATURE: *L. Stella Diaz de Salas*

5/2/95 305-285-6789