2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # 564034 MISSIONS TOURS INTER	NATIONAL, INC.				02-17-2004	-		
Principal Place of Business 299 PARK STREET MIAMI, FL 33166 Mailing Address 299 PARK STREET PO BOX 660515 MIAMI, FL 33166						1111 1111 1111 1111 1111			
-		3. Mailing Address	Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02102004	Chg-P	CR2E034 ((10/03)		
City & State		City & State		4. FEI Number 59-1786				plied For at Applicable	
Zip	Country	Zip	Country		5. Certificate of	f Status Desired		.75 Add Required	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	ddress of New R	legistered Age	nt	-
MCCOMAS, CHARLES B.				Name Stoot Add	ress (P.O. Box Numbe	in that Annual ha	~\		
1147 HILLSBORO MILE HILLSBORO BCH, FL 33062				Street Addr	ress (P.O. box Number	is Not Acceptable	=) 		
				City			FL	Zip Code	e
9 The shave	named entity submits this statement f	for the purpose of changing its	ranintar		nintered exact or both	in the State of Fla			
	ions of registered agent.	for the purpose of changing its	register	ed office of re	gistered agent, or both	, in the State of Fig	anoa. Familaini	mai wini,	ана ассері
SIGNATURE_	Signature, typed or printed name of registered agen	t and title if applicable (NOTE		d Amentainnahas			DATE		
**, ** .		s are the trappicable. (NOTE	: Hegistere	d Agent signature in	required when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campaig	gn Finar		\$5.00 May Be Added to Fees		DATE		4
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campaid Trust Fund Contr	gn Finar	ncing _	\$5.00 May Be Added to Fees	CHANGES TO OFF		RECTORS	5 IN 11
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 received on trustee empowered to execute this 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: X Charles OMO Com

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