

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

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F14950 (2)

1. Corporation Name
LOMANTOURS AND TRAVEL SERVICE, INC.

Principal Place of Business

251 NE 27TH ST
MIAMI BEACH FL 33137-4521
US

Mailing Address

251 NE 27TH ST
MIAMI BEACH FL 33137-4521
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1981

4. FEI Number

59-2088032

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 251 NE 27th ST.

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLORIDA

Zip

24 33137

Country

25 US

2a. Mailing Address

26 251 NE 27th ST.

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FLORIDA

Zip

29 33137

Country

30 US

9. Name and Address of Current Registered Agent

CICCOLELLA, JUAN C
1717 NORTH BAYSHORE DRIVE, APT. 2551
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOMANTO, ALDO T.	
STREET ADDRESS	1717 N BAYSHORE DR #2551	
CITY-ST-ZIP	MIAMI FL 33132	

TITLE	VPDS	<input type="checkbox"/> DELETE
NAME	CICCOLELLA, JUAN C	
STREET ADDRESS	1717 N BAYSHORE DR #2551	
CITY-ST-ZIP	MIAMI FL 33132	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SUSBIELLES, JOSE M	
STREET ADDRESS	17890 W. DIXIE HWY #212	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 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, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 7, 1997

Daytime Phone # 0194377

CR2E034 (10/97)