<u>FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00</u> FILED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT May 01 1997 8:00am Secretary of State 1997 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # F22279 International Tour Services, INC. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Date incorporated or Qualified \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under S. 199.032, Flonda Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent William F. Poole IV 644 West Colonial Drive Orlando, Florida 32804 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. 4.25.97 SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Director Tillif 1 1 TITLE D Change Addition Delio Sampaio Filho NAME 701 Brickell Ave Suite 1900 STREET ADDRESS 1 3 STREET ADDRESS Mianui Florida 33/3/ President and Treasural Change Angelo Toffanelle CITY - ST - ZIP 1 H CITY - ST - ZIP Angelo Toffanello 9398 Sydney Hoyer Rd Orlando, Herida 32824 TITLE DIAIT 21 TITLE \$ 17 NAME 2 P NAME 9388 Sydney Hoyes Rd Orlando Fl 32824 STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP Secretary William F. Poole, IV 644 West Colonial Drive TITLE S 31 TITLE . S. Trdith Pinger 9288 Sydney Hayes Rd Octondo Florido 3 P NAME STREET ADDRESS 33 STREET ADORESS CITY - ST - ZIP Orlando FI 32804 34 CITY - ST - ZIP TITLE 41 TITLE 5 Sacretary Lawrence S. Evans 42 NAME 701 Brickell Avenu. Suite 1900 STREET ADDRESS 4 3 STREET ADDRESS Plovida 33191 CITY-ST-ZIP 4 4 CITY - \$1 - 21P ___Change ____Addition 51 TULE NAME STREET ADORESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TUTLE Change Addition 61 TITLE 900002165189 -05/05/97--01014--051 NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS ***165.00 14. I do 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)(k). Flonda 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 an address. aurence Evans Secretury SIGNATURE: _