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

PROFIT[®] CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

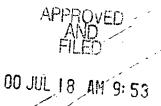
Katherine Harris

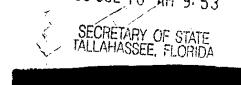
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT	#	F4	N	Q	R	O
1 Cornoration Name		, ,	v	J	_	J

AMOR TOURS, INC.

Principal	Place	of	Business			





	•								
Principal Place	e of Business	Mailing Address		<u></u>					
34 BISCAYNE	•	234 BISCAYNE BLVD.			-				
MAMI FL 33132		MIAMI FL 33132				DO NOT WRITE	IN THIS SPACE	=	
					3 Date Inco	proprieted or Qualifed		-	
					08/19/1	•			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Numi			Applied	For
		26			59-213	2053			plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						75 Addit	
₹	<u> </u>	27						ee Requir	
City & State	e	City & State				Campaign Financing		00 мау	
·	Р	28		<u></u>	<u> </u>	d Contribution		ided to Fe	es
Zîp I	Country	Zip	Country	y		oration owes the curren Property Tax.	t year Intangible Ye:	_	ło.
- :	9. Name and Address of Curre		io]			d Address of New Reg			-
-	3. Hame and Addivise of Ourice		81	Name T		. Horales			
CLA	y, alvernaz		82	Stroot Addr		umber is Not Acceptable			
234	BISCAYNE BLVD.		02	Siree Addin	41 500	114 14 AV	<u></u>		
MAIM	MI FL 33132	_	83						
		\mathcal{N}	84	City		-	85	Zip Code	
		١ //	ĺ	' M	iami	·	FLII	3317	13
agent. I ai SIGNATURE	to the provisions of Socions 607 55 egistered agent, or both, in the State of familiar with, and accept the obligation of Signature, typed or printly name of contact age	U4		nt signature require	d when reinstating)	. //	DATE		
12.	OFFICEDS A	ND/DIRECTORS	13.		ADDITION	S/CHANGES TO OFFIC			IN 12 Addition
TITLE	PD /	☐ DELETÉ	1.1 TITLE				☐ Ch	• -	
NAME	MORALES, JORGE A		1.2 NAME	J		soooggg	33487	<u> </u>	<u>~</u> 8
STREET ADDRESS	73 AVE SUR Y AVE OLIMPICA			T ADDRESS			<u> </u>		
CITY-ST-ZIP	SAN SALVADOR, EL SALVADO	JH CAFL □ DELETE	1.4 CITY-1	51-ZIP		<u>****90</u>	<u>₩. UU - **</u> □Ch	* #900 ange [Addition
TITLE NAME	VD ALES ALEBEDO		2.1 MLC				_	•	_
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CITY-ST-ZIP	SAN SALVADOR, EL SALVADO	OR CAFL	2.4 CITY-	ST-ZIP	Jems.	TATEME	NT U	1-04	ノ
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NAME	ALVERNAZ, CLAY	/	3.2 NAME						
STREET ADDRESS	1.0.0 OH! 100 OT		3.3 STREE	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP					
TITLE	SD	☐ DELETE	4.1 TITLE				□ C+	ange [Addition
NAME	MORALES, JOSE A		4. 2 NAME	ſ		•			
STREET ADDRESS	6141 SW 114 AVENUE			T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33173	☐ DELETE	4.4 CITY-		·	-		ange F	Addition
TITLE	,	□ bereie	5.1 TTTLE 5.2 NAME	ı		Į.	ري در		
NAME				ET ADDRESS			\wedge		
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CITY-ST-ZIP		☐ DELETE	6.1 TITLE				1/1/20	age [Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this flight 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 an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Daytime Phone #

CR2E034 (11/98)