

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

APPROVED
AND
FILED

00 JUL 18 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0191590

DOCUMENT # F40980

1. Corporation Name
AMOR TOURS, INC.

Principal Place of Business
234 BISCAYNE BLVD.
MIAMI FL 33132

Mailing Address
234 BISCAYNE BLVD.
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1981

4. FEI Number

59-2132053

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CLAY, ALVERNAZ
234 BISCAYNE BLVD.
MIAMI FL 33132

10. Name and Address of New Registered Agent

81. Name

José A. Morales

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

6141 SW 114th AVE

83.

84. City

Miami

FL

85. Zip Code

33133

11. Pursuant to the provisions of Sections 607.1502 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

7/14/00

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MORALES, JORGE A
STREET ADDRESS 73 AVE SUR Y AVE OLIMPICA
CITY-ST-ZIP SAN SALVADOR, EL SALVADOR CAFL

TITLE VD ☐ DELETE

NAME MORALES, ALFREDO
STREET ADDRESS 23 CALLE PONIENTE 1209
CITY-ST-ZIP SAN SALVADOR, EL SALVADOR CAFL

TITLE TD ☒ DELETE

NAME ALVERNAZ, CLAY
STREET ADDRESS 11818 SW 102 ST.
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME MORALES, JOSE A
STREET ADDRESS 6141 SW 114 AVENUE
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600003334876--8

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****900.00 ****900.00

☐ Change ☐ Addition

REINSTATEMENT 99-00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

José A. Morales

7/14/00

Date

Daytime Phone #

CR2E034 (11/1/8)