

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

FILED

Apr 21 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F46524

(7)

1. Corporation Name
ALL TOUR TRAVEL AGENCY, INC.

Principal Place of Business

25 S.E. 2ND AVENUE
STE.450
MIAMI FL 33131

Mailing Address

25 S.E. 2ND AVENUE
STE.450
MIAMI FL 33131-15903. Date Incorporated or Qualified
09/29/19813a. Date of Last Report
09/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-2144489

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MENDEZ, JOSE LUIS
25 S.E. 2ND AVENUE
#450
MIAMI FL FL 33131

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

JOSE L. MENDEZ

(NOTE: Registered Agent signature required when reinstating)

4/15/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MENDEZ, JOSE LUIS
STREET ADDRESS 25 SE 2ND AVE #450
CITY- ST- ZIP MIAMI FL
☐ DELETETITLE VD
NAME MANTILLA, MELIDA
STREET ADDRESS 3640 SW 18TH TERRACE
CITY- ST- ZIP MIAMI FL
☐ DELETETITLE ST
NAME MENDEZ, JOSE LUIS
STREET ADDRESS 25 SE 2ND AVE #450
CITY- ST- ZIP MIAMI FL
☐ DELETETITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

JOSE L. MENDEZ

4/15/97

305-358-6069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)