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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F46524

(7)

Mailing Address

ALL TOUR TRAVEL AGENCY, INC.

|--|--|

25 S.E. 2ND STE.450 MIAMI FL 331		25 S.E. 2ND AVENUE STE-450 MIAM! FL 33131	STE.450		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  09/29/1981			
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-2144489		Not Applicable	
Sulte, Apt.	·	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required	
City & Stat		City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees	
Zip 24	Country 25	Zip 29	Country 30					
	9. Name and Address of Currer	nt Registered Agent		1	10. Name and Address of New Registered	Agent		
	INDEZ, JOSE LUIS		81	Name				
25 #4	S.E. 2ND AVENUE 50		82	Street Add	Iress (P.O. Box Number is Not Acceptable)			
MI	AMI FL FL 33131		83					
			84	City	FL	85	Zip Code	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or protest name of registered age				poration submits this statement for the purpose of tion's board of directors. I hereby accept the app fired when renstating)	ointmer	nt as registered	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD	DELETE	1.1 TITLE			☐ Cha	nge 🔲 Addition	
NAME	MENDEZ, JOSE LUIS		1.2 NAME					
STREET ADDRESS City-St-Zip	25 SE 2ND AVE #450 MIAMI FL		1.3 STREET	ADDRESS			1	
TITLE	VD	DELETE	2.1 THILE	51-ZIF		Cha	nge Addition	
NAME	MANTILLA, MELIDA	<del>-</del> -	2.2 NAME				_	
STREET ADDRESS	3640 SW 18TH TERRACE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-	S1-ZIP				
TITLE	ST	☐ DELETE	3.1 TITLE			☐ Cha	nge 🔲 Addition	
NAME	MENDEZ, JOSE LUIS		3.2 NAME					
STREET ADDRESS	25 SE 2ND AVE #450		3.3 STREE					
CITY-ST-ZIP	MIAMI FL	DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		Cha	nge Addition	
NAME			4.1 TITLE 4.2 NAME				uite 🗂 vanitigi)	
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY - 9				:	
TITLE		☐ DELETE	51 TITLE			Cha	nge Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Cha	nge 🔲 Addition	
NAME			6.2 NAME				į	
STREET ADORESS			6.3 STREE					
CITY.ST. 7IP			64 CITY-	2T_ 7IP				

14. Thereby certify that the information supplied with this filling 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 suppliemental 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 changing, or on an attachment with an address.

THEN I WELDER

APD 70198 205250-6069