

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95699** (7)

1. Corporation Name

PILAR TOURS, INC.



Principal Place of Business

**1655 JAMES AVE.
#101
MIAMI BE 33139
US**

Mailing Address

**1655 JAMES AVE.
#101
MIAMI BEACH FL 33139
US**

2. Principal Place of Business

2a. Mailing Address

21 **1655 James Ave**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **M.B.**

27

City & State

City & State

23

28

Zip

Zip

24 **33139**

Country

Country

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/27/1982

3a. Date of Last Report
04/19/1995

4. FEI Number
59-2218397

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**SCHMALBACH, PILAR
1655 JAMES AVE.
MIAMI BEACH FL 33139**

**1059 Collins
#101**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **SCHMALBACH, PILAR**
CITY-STATE-ZIP **5151 COLLINS AVENUE, 326**
MIAMI BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

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), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)