

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

FILED
Jun 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H70456
1. Corporation Name

B.W. TOURS INC.

Principal Place of Business	Mailing Address
2100 CORAL WAY SUITE 604 MIAMI FLA. 33145-2670	2100 CORAL WAY SUITE 604 MIAMI FLA. 33145-2670

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FLI Number	Applied For
21 Suite, Apt. #, etc.	26 State, Apt. #, etc.	59-2591152	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

WALTERS BEATRIZ E.
2100 CORAL WAY, #604
MIAMI FLA. 33145

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE _____ (Signature type: the person who is the registered agent for the corporation) (If null, the person who is the registered agent for the corporation) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	☐ Change ☐ Addition
NAME	WALTERS BEATRIZ E.	2. NAME	
STREET ADDRESS	2100 CORAL WAY, #604	3. STREET ADDRESS	
CITY-ST-ZIP	MIAMI-FLA. 33145	4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	JORGE LOPEZ	5. TITLE	
NAME	2100 CORAL WAY SUITE 604	6. NAME	
STREET ADDRESS	MIAMI FLA. 33145	7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		9. TITLE	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied in this 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 a director of the corporation, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: 

5-18-98

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