FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J23171** **(8)**

1. Corporation Name
AA TRANSTOURS, CORP.

Principal Place of Business	Mailing Address
3255 NW 36TH STREET MIAMI FL 33142	3255 NW 36TH STREET MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/09/1986	05/23/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	65-0076438	Applied For ☐ Not Applicable ☐
Suite, Apt. # or Bldg. 22	Suite, Apt. # or Bldg. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 / 25	Zip / County 29 / 30	8. This corporation has nearly no intangible tax under Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CUNHA, VIVIAN LAINO 4712 S.W. 67 AVE.#G-9 MIAMI FL 33155	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 Section 607.1605 and 607.1908, 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 the position set forth in Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	PD	01 TITLE	☐ Change ☐ Addition
02 NAME	CUNHA, CARLOS	02 NAME	
03 STREET ADDRESS	4712 SW 67TH AVE. #G-9	03 STREET ADDRESS	
04 CITY ST ZIP	MIAMI FL	04 CITY ST ZIP	
05 TITLE	DV	05 TITLE	☐ Change ☐ Addition
06 NAME	SILVA, JOAO	06 NAME	
07 STREET ADDRESS	AVE SERNAMBETINA 3600	07 STREET ADDRESS	
08 CITY ST ZIP	RIO DE JANNEIRO	08 CITY ST ZIP	
09 TITLE	DST	09 TITLE	☐ Change ☐ Addition
10 NAME	PITA, MARCIA	10 NAME	
11 STREET ADDRESS	1717 N. BAYSHORE DR. #2436	11 STREET ADDRESS	
12 CITY ST ZIP	MIAMI FL	12 CITY ST ZIP	
13 TITLE	D	13 TITLE	☐ Change ☐ Addition
14 NAME	PITA, FRANCISCO	14 NAME	
15 STREET ADDRESS	AV. COM. JULIO DE MNOURA 160-C	15 STREET ADDRESS	
16 CITY ST ZIP	BARRA TIJUCA RJ BRAZIL	16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this report is voluntarily furnished and 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an asterisk (*) or an attachment with an address.

SIGNATURE: [signature] MARCIA PITA 4/25/95 (305) 634-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181906 CP