FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # J46873 (2)CENTURY TOUR & TRANSPORTATION, INC. Principal Place of Business Mailing Address **CENTURY TOURS CENTURY TOURS** 7843 ST. ANDREWS CIRCLE 7843 ST. ANDREWS CIRCLE ORLANDO FL 32835 ORLANDO FL 32835 3. Date Incorporated or Qualified 3a. Date of Last Report 12/10/1986 05/01/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2760296 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 28 Trust Fund Contribution Added to Fees Zio Country Zφ Country 8. This corporation has liability for intangible tax under s 199.032, 25 29 30 ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 74WS ROMERO, JORGE ERNESTO Street Address (P.O. Box Number is Not Acceptable) 82 7022 TALBOT DR. Circe ORLANDO FL 32819 83 84 Crty Obrano 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 Elorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Spition 607.0505, Florida Statutes. ९ ८ ६ SIGNATURE Signature, type dinamo of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) מאַ (12/95)OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1. 1 TITLE Change Romero, JORGE ERNES TO ROMERO, JORGE ERNESTO 1.2 NAME CR2E034 7022 TALBOT DR. AND REWS CIR STREET ADDRESS 1.3 STREET ADDRESS クタタ3 ぶた ORLANDO FL 32819 CITY-ST-ZIP 1.4 CiTY - ST- ZIP DELETE 2 1 TITLE Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP DELETE 3. 1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 34 CITY-S1-7IP DELETE 4 1 TITLE Change Addition 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZiP DELETE 5 1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 6. 1 TITLE Addition Change 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with his fixed 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 appears in Block 12 or Block 13 if chilinged, or on-an attachment with an address.

nent with an address.

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21

22

23

24

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE: