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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business

K10571

(3)

Mailing Address

TRAC TOURS, INC.

officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attachmen

F1 .	LED	
May 01 1	998 8:00am	1
Secreta	ry of State	



1550 MADRU SUITE 225 CORAL GABL US		1550 MADRUGA AVE. SUITE 225 CORAL GABLES FL 3314 US	16	DO NOT WRITE IN T	HIS SPACE
				01/05/1988	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 4967	S.W. 75TH AVE.	26 4947 S.W.	15th Ave.	65-0043349	Not Applicable
Suite, Apt.	#, etc. FLook	Suite, Apt #, etc. 27 2ND FLD	or	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 MIA	MI, FL	28 MIAMI, F	<u>L</u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	e current year Intangible
24 3315		29 33155	30 USA	Personal Property Tax due June 30.	Yes 🗌 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	red Agent
	IOMAT, ARMANDO		81 Name		
	550 Madruga ave ITE 225		82 Street	Address (P.O. Box Number is Not Acceptable)	
CO	RAL GABLES FL 33166		[83]		
			2N1	o FLOOR	
i	:		84 City	ami	FL 85 Zip Code 33155
Office of re	to the provisions of Sections 607.0502 agistered agent, or both, in the State on a familiar with, and accept the obliga	of Florida. Such change was a	es, the above-named	corporation submits this statement for the purpo- poration's board of directors. I hereby accept the	se of changing its registered
SIGNATURE	Signature, typed or printed name of rogethred agen		E: Registered Agent signature	required when reinstating) DA	JF.
12.	OFFICERS AND	. —	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	Ď	DELETE	1.1 TITLE		Change Addition
NAME	CHOMAT, ARMANDO		1.2 NAME		
STREET ADDRESS	7545 SW 54TH COURT		1.3 STREET ADDRESS	4967 SW 75 TA AUR	
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	MIAMI-FLA-	
TITLE	Ď	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PACE, ALESSIO		2.2 NAME		
STREET ADDRESS	1550 MADRUGA AVE., STE. 2	25	2.3 STREET ADDRESS	4967 SW 75TH AVE	
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CITY - ST - 2IP	MIAMI-PA-	
TITLE		, DELETE	3.1 TITLE	- 1 1 1 1 N	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	***************************************	☐ DELETE	6.1 TiTLE		☐ Change ☐ Addition
NAME			6.2 NAME		viidings viidin(ibi)
STREET ADDRESS			6.3 STREET ADDRESS		
14. I hereby ce	ertify that the information supplied with	h this filma does not muslify to	6.4 CITY-S1-ZIP	d in Section 119 07(3)(i) Florida Statutes Liturals	er cartify that the information
indicated of officer or d	on this annual report or supplemental lirector of the corporation or the recei	annual report is true and acciver or trustee enpoyered to e	urate and that my sign execute this report as	d in Section 119.07(3)(i), Florida Statutes. I furthe nature shall have the same legal effect as if mad- required by Chapter 607, Florida Statutes; and the	e under oath; that I am an hat my name appears in