FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K33468** **(5)**

1. Corporation Name

4TH DIMENSION TOURS, INC.

Principal Place of Business	Mailing Address
1150 NW 72 AVE STE 333 MIAMI FL 33126 US	1150 NW 72ND AVE. SUITE 333 MIAMI FL 33126 US

3. Date Incorporated or Qualified: 09/20/1988
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business	2a. Mailing Address
21 7101 S.W. 99th Avenue	26 7101 S.W. 99th Avenue
Suite, Apt. #, etc. 22 Suite 106	Suite, Apt. #, etc. 27 Suite 106
City & State 23 Miami, FL 33173	City & State 28 Miami, FL 33173
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 65-0108833 — ☐ 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

9. Name and Address of Current Registered Agent

ALVAREZ, JAIME
11934 SW 11TH COURT
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name: Alvarez, Jaime
82 Street Address (P.O. Box Number is Not Acceptable): 1060 Fairfax Lane
83 Ft. Lauderdale, FL 33326
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] DATE 1/30/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ALVAREZ, JAIME		1.2 NAME	Alvarez, Jaime	
STREET ADDRESS	11934 SW 11TH COURT		1.3 STREET ADDRESS	1060 Fairfax Lane	
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33326	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	ALVAREZ, BASILIO		2.2 NAME	Alvarez, Basilio	
STREET ADDRESS	4570 SW 68TH COURT		2.3 STREET ADDRESS	14113 S.W. 62nd Street	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33183	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	NAVARRETE, TOMAS		3.2 NAME	Navarrete, Tomas	
STREET ADDRESS	JUAN BRAVO 51 DUPLICADO		3.3 STREET ADDRESS	Gran Via, 49, 5to.	
CITY-ST-ZIP	IRA PLANTA MADRID		3.4 CITY-ST-ZIP	28013, Madrid, Spain	
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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 1/30/96 — Daytime Phone (305) 279-0014