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CORPORATION NAME(S) & DOC	UMENT NUMBER(S), (i	if known):	
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	<u>AMENDMENTS</u>	•	
Profit	Amendment		
Not for Profit Limited Liability	Resignation of R.	A., Officer/Director	
Domestication	Change of Registe	ered Agent	SECRE SECRE
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OTHER FILINGS	REGISTRATION/QU		N PORPE
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Annual Report
Fictitious Name

Foreign
Limited Partnership
Reinstatement

Trademark

Other

Examiner's Initials 45

5-15-2000

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of FLDRIDA
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: WELCOME USA TOURS, INC.
2. The mailing address of the corporation is: Suite 207, 7041 CTRAND NATIONAL DRIVE
ORLANDO, FLORIDA, 32819
3. Date of incorporation/qualification: 10-27-1988 Document number: K41514
4. The name and address of the current registered agent and office:
JOHN HEALEY
3044 CRESTED CIRCLE
ORLANDO FL 32837
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
DAVID MCLAREN
14162 COLONIAL GRAD BLUD 5 8
APT 1404, ORLANDO FL 32837
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
( ) ( )
(Signature of an officer, effairman of vice chairman of the board)  (Date)
VICE PRESIDENT
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as
1:////
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * PIET FRANCE WHITE AND CO. C.

\* \* \* FILING FEE: \$35.00 \* \* \*

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314