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

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Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # 1. Corporation Name (4)SEE AMERICA TOURS, INC. Principal Place of Business Mailing Address 5750 MAJOR BLVD 5750 MAJOR BLVD SUITE 335 SUITE 335 DO NOT WRITE IN THIS SPACE ORLANDO FL 32819 ORLANDO FL 32819 3. Date Incorporated or Qualified 04/21/1989 2. Principal Place of Busines Applied For 706 GRAND NATIONAL DE 65-0115072 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be ORLANDO-FL Added to Fees Trust Fund Contribution Country 30 U S A 8. This corporation owes or has paid the current year Intangible 25 USA Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DA COSTA, RICARDO HOLANDA 5750 MAJOR BLVD SUITE 335 ORLANDO FL 32819 ANDO Pursuant to the provisions of Sections 107,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 approach the obligations of, Section 607,0505, Florida Statutes. 11. Pursuant to the provisions of SIGNATURE (NOTE Registered Agent signature required when reinstating) restrand agent and little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition DA COSTA, RICARDO H. CR2E034 NAME 1.2 NAME 5750 MAJOR BLVD. STE 335 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2. 4 CHTY-ST-ZIP DELETE Addition 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing 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 ennual 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 this empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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(407)3526214

Dec 15.98