


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

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K84785 (0)  
1. Corporation Name  
VALENTINE TOURS, INC.

Principal Place of Business  
3675 SW 9 TERRACE  
MIAMI FL 33135

Mailing Address  
~~3271 NW 7TH STREET~~  
~~SUITE 203~~  
~~MIAMI FL 33125~~  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/02/1989	
21		26	3675 SW 9 Terr-	4. FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	65-0120458	Not Applicable
22		27		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23		28	MIAMI FL	8. This corporation owes or has paid the current year Intangible	
	Zip		Country	Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24		29	33135	30	US

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RODRIGUEZ, ALFREDO 3675 SW 9 TERRACE MIAMI FL 33135		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		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 *Alfredo Rodriguez* 1-20-98  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ALFREDO	1.2 NAME	
STREET ADDRESS	3675 SW 9 Terr	1.3 STREET ADDRESS	3675 SW 9 Terr
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33135
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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 in an attachment with an address.

SIGNATURE: *Alfredo Rodriguez* 1-20-98

CR2E034 (10/97)