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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L97100 *CL*
1. Corporation Name

SHOP TOUR INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address
c/o JCD, 201 S. Biscayne Blvd. c/o JCD, 201 S. Biscayne
1600 Miami Center Boulevard
Miami, FL 33131 Miami, FL 33131

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 South Biscayne Boulevard
#1600 Miami Center
Miami, FL 33131

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 required agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person performing the registration

Signature of person performing the registration

DATE

12. OFFICERS AND DIRECTORS

TITLE PD [DELETE]

NAME GALEBE, LUZ ANTONIO

STREET ADDRESS c/o JCD, 201 S. Biscayne Blvd.

CITY-STATE-ZIP Miami, FL 33131

TITLE SD [DELETE]

NAME RODRIGUES DOS SANTOS, MARIA

STREET ADDRESS c/o JCD, 201 S. Biscayne Blvd.

CITY-STATE-ZIP Miami, FL 33131

TITLE AS [DELETE]

NAME DIBBS, JEAN-CHARLES

STREET ADDRESS 201 S. Biscayne Blvd.

CITY-STATE-ZIP Miami, FL 33131

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

300002858973-4
-04/30/99-01116-012
****150.00 ****150.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-99 305-379-9192

CR2E034 (4/1/98)