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Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L98458** (7)
1. Corporation Name
FLORIDA INTERNATIONAL TOURS, INC.



Principal Place of Business
**7472 REPUBLIC DR
ORLANDO FL 32819**

Mailing Address
**7444 REPUBLIC DR
ORLANDO FL 32819-8910
US**

3. Date Incorporated or Qualified
08/30/1990

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3025160

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

2. Principal Place of Business
21 7444 REPUBLIC DRIVE
Suite, Apt. #, etc.
22
City & State
23 ORLANDO FL
Zip
24 32819 Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

9. Name and Address of Current Registered Agent

**ALMEIDA, JOSE M.
7444 REPUBLIC DR. 7448 REPUBLIC DR
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	ALMEIDA, JOSE M.	7444 REPUBLIC DR. 7664 APPLE TREE CIRCLE	ORLANDO FL 32819
VD	BROWN, ELIZABETH R.	7444 REPUBLIC DR.	ORLANDO FL 32819

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
1.1	1.2	1.3	1.4
2.1	2.2	2.3	2.4
3.1	3.2	3.3	3.4
4.1	4.2	4.3	4.4
5.1	5.2	5.3	5.4
6.1	6.2	6.3	6.4

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE M. ALMEIDA 3/21/97 (407) 345-1001

Date

Daytime Phone #

0092368

CR2E034 (9/96)