FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M18720** **(6)**

1. Corporation Name

FLAMINGO TOURS, INC.

Principal Place of Business	Mailing Address
707 NORTH 46TH AVENUE HOLLYWOOD FL 33021-5906	707 NORTH 46TH AVENUE HOLLYWOOD FL 33021-5906

3. Date Incorporated or Qualified: **07/31/1985**
3a. Date of Last Report: **03/10/1995**

4. FEI Number: **59-2560879** ☐ Applied For ☐ Not Applicable

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 16251 Collins Ave
22 Suite, Apt. #, etc.
23 City & State: Miami Beach, FL
24 Zip: 33160 25 Country: USA

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

9. Name and Address of Current Registered Agent

LEOPOLD, NORMAN
16666 N.E. 19TH AVENUE
SUITE 114
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: Frank Comelisse
82 Street Address (P.O. Box Number is Not Acceptable): 1905 Collins Ave
83
84 City: Miami Beach **FL** 85 Zip Code: 33139

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1505, 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: X [signature] DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	SCHAARF, DIETER	
STREET ADDRESS	707 NORTH 46TH AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	president	☐ Change ☒ Addition
12 NAME	Frank Comelisse	
13 STREET ADDRESS	1905 Collins Ave	
14 CITY-ST-ZIP	Miami Beach, FL 33139	
21 TITLE	vice president	☐ Change ☒ Addition
22 NAME	Monique Comelisse	
23 STREET ADDRESS	1905 Collins Ave	
24 CITY-ST-ZIP	Miami Beach, FL 33139	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 added in connection with an address.

SIGNATURE: [signature] Frank Comelisse 2-5-96 (305) 673-0[illegible]
SIGNATURE(S) REQUIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #