## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N24924

(5)

TOUR OPERATORS PROFESSIONAL SOCIETY, INC.  Principal Place of Business Mailing Address  12460 SW 8TH ST.  STE 104  STE 104  STE 104  STE 104									
MIAMI FL 33184-1497		MIAMI FL 33184-1437			3. Date Incorporated or Qualified 02/19/1988	3a. Date of Last Report 04/30/1996			
	Place of Business	2a. Mailing Address			<del></del>	4. FEI Number 65-0050310	.•	+ +	plied For
21 Suite Ant	21 26 Suite, Apt. #, etc. Suite, Apt. #, e					03 00303 10		-4	t Applicable
22	. , , , ,	27			5. Certificate of Status Desired See Required Fee Required				
Olly a Sia	1e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	<del> </del>			Trust Fund Contribution		Added to	
Zip 24	Country	Zip	30	intry		8. This corporation has liability for in Florida Statutes	ntangible tax   Yes       N		199.032,
24]	9, Name and Address of Curr	29 29 29 29 29 29 29 29 29 29 29 29 29 2	30	Γ		10. Name and Address of New Reg			
				81	Name		<u> </u>		
TEJADA	, LEO G.			82	Street Addre	ss (P.O. Box Number is Not Acceptable	e)		
12474 SW 8TH ST.									
MIAMI F	L 33184			83					
				84	City		FL	5 Zip C	ode
11 Pureuant	to the provisions of Sections 617.0	502 and 617 1508. Florida Statu	les the al	hove	-named corno	oration submits this statement for the n		anging its	registered
office or agent. I a SIGNATURE			aulhorizei orida Stat	d by tutes	the corporation	oration submits this statement for the pon's board of directors. I hereby accep	t the appoint	ment as r	egistered
	Signature, typed or printed name of registered a			d Ager	nt signature require		DATE	01.01.00	0.111.40
12.	PTD OFFICERS A	AND DIRECTORS  DELETE	13.	TIE		ADDITIONS/CHANGES TO OFFIC		Change	S IN 12  Addition
NAME	TAJADA, LEO G		1.2 N				٠	Onlingo	Todalion
STREET ADDRESS	12474 SW 8TH STREET				ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CI	ITY-ST	r- ZIP				
TITLE	VD	☐ DELETE	2.1 1)	TLE				Change	Addition
NAME	MURPHY, JOAN		2.2 N	AME	ļ				
STREET ADDRESS	12474 SW 8TH STREET		2.3 ST	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		2.40	JITY - S	T-21P				
TITLE NAME	SD	Delete	0.4.7)	T. C	I			Change	Addition
,	AMADO MODUA	DELETE	3.1 TI					Change	Addition
	AMARO, NORMA	☐ DELETE	3.2 N	AME	ADDRESS			Change	Addition
STREET ADDRESS	12474 SW 8TH ST	☐ DELETE	3.2 N/ 3.3 S1	AME Treet a	ADDRESS .			Change	Addition
CITY-ST-ZIP		DELETE	3.2 N/ 3.3 S1	AME Treet a	l l			Change Change	
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CITY-ST-ZIP TITLE NAME	12474 SW 8TH ST MIAMI FL	DELETE	3.2 N/ 3.3 S <sup>2</sup> 3.4. C 4.1 T/ 4.2 N 4.3 S <sup>2</sup>	AME TREET A CITY-S' TLE NAME	T-ZIP ADDRESS				Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	12474 SW 8TH ST MIAMI FL		3.2 N/ 3.3 S <sup>2</sup> 3.4. C 4.1 T/ 4.2 N 4.3 S <sup>2</sup>	AME TREET A CITY-S' O'LE NAME TREET A	T-ZIP ADDRESS				
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I do nereby certify that the information supplied with this high does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes, I florida Statutes, I florida Statutes, 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 of the receiptr or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 I changed, of an attachment will an address.

SIGNATURE:

5201922-50E , 1885/N

**FILED** 

May 15 1997 8:00am

Secretary of State