FILED
Feb 20, 2003 8:00 A.M.
Secretary of State

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UB

DOCUMENT # P000000063049

1. Entity Name: ALPA TOURS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3785 NW 82 AVE	3785 NW 82 AVE
Suite, Apt. #, etc.: Ste 102	Suite, Apt. #, etc.: Ste 102
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country: Mia-Dade	Zip: 33166 Country: Mia-Dade

REINSTATEMENT 02-03

4. FEI Number: 65-1032626 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Leo de La Hoz

Street Address (P.O. Box Number is Not acceptable): 3785 NW 82 AVE Ste 102

City: Miami FL Zip Code: 33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 2/15/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Alain Doff
STREET ADDRESS	132 rue d'ASSAS 75006 PARIS
CITY-ST-ZIP	FRANCE

TITLE	DIRECTOR
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600012799046
02/20/03--01007--010 **900.00

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CR2E034B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AD