Aug 25, 2003 8:00 am Secretary of State 08-25-2003 90096 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000057855/ DOCUMENT #

1. Entity Name

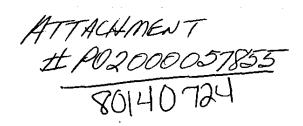
USA LATINO CRUISES & TOURS, INC.

Principal Place of Business 1524 WATTS AVE ORLANDO FL 32809			1524 V	Mailing Address 1524 WATTS AVE ORLANDO FL 32909				
2. Principal Place of Business			1	3. Mailing Address P.O. Box \$60956				I IBBILERI KII OBILA KIRSI OBILA BAKI BAKI OBIBI BILIN KABA LETAK OKIA BAKI BAKI BAKI BAKI BAKI BAKI BAKI B
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES
City & State				ORLANDO, FL			4	4. FEI Number Applied For ✓ Not Applicable
Zip		Country	Zip	32856-	Coun	try 13A	5	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						7	7. Name and Address of New Registered Agent	
DALIBAAN	DAMONA			Name				_
Bauman, 1524 Wat			Street Address			dress (P.O	P.O. Box Number is Not Acceptable)	
ORLANDO		•						
	1 L 02003							
		_ , <u> </u>				City		FL Zip Code
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	200	OFFICERS AND	DIRECTO		11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS	PSD BAUMAN, RAMONA PO BOX 560956 ORLANDO FL 32856							☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				Delete		1		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.								

SIGNATURE:

SITE ATLINE SENTINED

CATUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



USA LATINO CRUISES & TOURS INC BOX 560956 ORLANDO FLORIDA 32856

Divisions of corporations Uniform Business Report Filings PO Box 1500 Tallahassee, Fl. 32302

Attention:

This letter is to inform your office that I did not recieve any prior notice of Uniform Business Report. . Please waive the late fee.

I am enclosing the \$150 fee that you require with this form..

Thank you.,

President,

Ramona Bauman