

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 16 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 # P92000002323 (3)**

**1. Corporation Name  
CHARIS TOURS & TRAVEL CORPORATION**



**Principal Place of Business Mailing Address  
314 SW 98TH CT 314 SW 98TH CT  
MIAMI FL 33174 MIAMI FL 33174-2057**

**3. Date Incorporated or Qualified 11/05/1992 3a. Date of Last Report 02/20/1996**

**2. Principal Place of Business 2a. Mailing Address  
21 8410 West Flager St. 26 8410 West Flager St.  
Suite, Apt. #, etc. Suite, Apt. #, etc.**

**4. FEI Number 65-0419227 Applied For Not Applicable**

**22 Suite 207-B 27 Suite 207-B  
City & State City & State**

**5. Certificate of Status Desired [X] \$8.75 Additional Fee Required**

**23 Miami, Florida 28 Miami, Florida  
Zip Country Zip Country**

**6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees**

**24 33144 25 U.S.A. 29 33144 30 U.S.A.**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ROMANACH, YASMIR J  
314 SW 98TH CT  
MIAMI FL 33174**

**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**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROMANACH, YASMIR J</b>	
STREET ADDRESS	<b>314 SW 98TH CT</b>	
CITY, ST, ZIP	<b>MIAMI FL 33174</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROMANACH, JORGE L</b>	
STREET ADDRESS	<b>314 SW 98TH CT</b>	
CITY, ST, ZIP	<b>MIAMI FL 33174</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**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 in an attachment with an address.**

**SIGNATURE:**

*Signature* TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 10/97**

*Date*

**305-574-5092**

*Daytime Phone #*

0236017

CR2E034 (9/96)