

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000007095 (2)

1. Corporation Name

US ALLIANCE TOURS & TRAVEL, INC.



Principal Place of Business

Mailing Address

10621 N. KENDALL DRIVE
SUITE 216
MIAMI FL 33176

10621 N. KENDALL DRIVE
SUITE 216
MIAMI FL 33176

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

SOBEL, AARON R
420 LINCOLN ROAD
SUITE 327
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

11/23/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0408031

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

10. Name and Address of New Registered Agent

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 date of appointment

(NOTE: Registered agent signature is required with all filings.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
P JABBARI, ARASH
STREET ADDRESS
9635 SW 115TH CT.
CITY-ST-ZIP
MIAMI FL 33176

TITLE ☐ DELETE

NAME
V POINDEXTER, RUTH
STREET ADDRESS
1717 N. BAY SHORE DR.
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
S SEDAGHAT, BAHRAM
STREET ADDRESS
9635 SW 115TH CT.
CITY-ST-ZIP
MIAMI FL

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)