

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

**APPROVED
AND
FILED**

95 MAY -1 AM 5:25

OFFICE OF THE
TREASURER, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # P93000001153 (4)

CLASSIC LATIN TOURS, INC.

Principal Office - Registered Office
6004 PEREGRINE AVENUE
ORLANDO FL 32819

Manager's Address
6004 PEREGRINE AVENUE
ORLANDO FL 32819

2. Principal Office - Registered Office	2a. Manager's Address
21. State of Incorporation	26. State of Manager's Address
22. Date of Incorporation	27. Date of Manager's Address
23. Date of Last Annual Report	28. Date of Last Annual Report
24. Date of Last Annual Report	29. Date of Last Annual Report
25. Date of Last Annual Report	30. Date of Last Annual Report

3. Date of Report	3a. Date of Report
12/31/1992	04/19/1994
4. FE Number	Applied For / Not Applicable
59-3160309	
5. Corporate of State Document	\$8.75 Additional Fee Required
6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation has submitted to the public its annual report to the Florida Statutes	

9. Name and Address of Current Registered Agent

BRADLEY, BELKYS
6004 PEREGRINE AVENUE
ORLANDO FL 32819

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	
B4. State	FL
B5. Zip Code	

11. I, Manager, of the corporation of the State of Florida, and I, Secretary, of the corporation, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office and principal office 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 provisions of the Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: D BRADLEY, BELKYS ADDRESS: 6004 PEREGRINE AVENUE ORLANDO FL 32819	1. NAME: _____ 2. ADDRESS: _____ 3. CITY: _____ 4. STATE: _____ 5. ZIP: _____
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	6. NAME: _____ 7. ADDRESS: _____ 8. CITY: _____ 9. STATE: _____ 10. ZIP: _____
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	11. NAME: _____ 12. ADDRESS: _____ 13. CITY: _____ 14. STATE: _____ 15. ZIP: _____
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	16. NAME: _____ 17. ADDRESS: _____ 18. CITY: _____ 19. STATE: _____ 20. ZIP: _____
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	21. NAME: _____ 22. ADDRESS: _____ 23. CITY: _____ 24. STATE: _____ 25. ZIP: _____
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	26. NAME: _____ 27. ADDRESS: _____ 28. CITY: _____ 29. STATE: _____ 30. ZIP: _____
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	31. NAME: _____ 32. ADDRESS: _____ 33. CITY: _____ 34. STATE: _____ 35. ZIP: _____

14. I, Manager, hereby certify that the information supplied with this filing is substantially true and correct and that I qualify for the exemption stated in the Florida Statutes. I further certify that the information provided in the annual report or supplemental annual report is true and accurate and that my signature and the name of the officer and director are correct. I am familiar with and accept the provisions of the Florida Statutes.

SIGNATURE: *Bradley Belkys Bradley* Director *4/29/95*

PRINTED NAME AND TITLE OF SIGNING OFFICER ON DIRECTOR