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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9300004000 (4)

QUALITY INTERNATIONAL TOURS, INC.

Principal Place of Business	Mailing Address
7370 N.W. \$65T.	7370 N.W. 36ST.
NO. 325 D	No. 325 D
MIAMI FL 33166	Miami Fl 33166-6738

FILED Apr 16 1997 8:00am Secretary of State



NO. 325 D MIAMI FL 33166		NO. 325 D MIAMI FL 33166-6738							·	
					01/19/1993 04/25/			of Last Report /1996		
	ace of Business	2a. Mailing Address			_	4. FEI Number			Applied F	
1	h .	26				65-0380705			Not Appli	
Sulte, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing Trust Fund Contribution			.00 May B	
Zip 24	Country 25	Z (p	Cour 30	itry	_	8. This corporation has liability for in		tax und	der s. 199.0	32,
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered /	Agent		
MAF	NA L. OTOYA-KING ,			81	Name					
1192	? FALLS BLVD		-	82	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
ia. ⊤FTL	AUDERDALE FL 33327			83	.—		<u> </u>			
	٨		}	84	City		EI	85	Zip Code	
11. Pursuant t	o the provisions of Section 17 05	02 and 607.1508, Florida Statu	Jles, the ab	ove	e-named cor	rporation submits this statement for the p	urpose of	chang	ing its regisl	tored
office or re agent. I a	egistered agent, or both, in the state in familiar with, and accept the bull	e of Florida. Such change was gations of, Section 607.0505, F	authorized Iorida Statu	i by Jles	the corpora ;	poration submits this statement for the patien's board of directors. I hereby accept	ot the app	ointmei	nt as registe	red
SIGNATURE		· MARIA OS	0419 -	14	NG-	4	1-11-6	17	.,	
12.		gent and title if applicable. (NO ND DIRECTORS	11. Registered	Age	nt signature requ	pired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIREC	TORS IN 19	2
TITLE	PD	DELETE	1.17(1)	 l {		ADDITIONS OF TAXABLE TO OFFICE	LI IO AI IO	Cha		ddition
NAME	OTOYA-KING, MARIA L	- "	1.2 NAI		- 1				, –	
STREET ADDRESS	1192 FALLS BLVD			1.3 STREET AD						
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 0/1	1.4 CHY-ST-7P						
TITLE	VO	☐ DELFTE	2.1 1(1)				·············	Cha	nge 🔲 Ad	ddition
NAME	KING, JÉFFREY		2.2 NA	ME)					
STREET ADDRESS	1192 FALLS BLVD		2.3 STH	KEET.	ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL		2.401	IY-8	ST-7(P					
TITLE		DELETE	317111	LÉ				Cha	inge 🔲 Ad	ddition
NAME	*		3.2 NA	VIE.						
STREET ADDRESS	· .		3.3 S1F	REET.	ADDRESS					
CITY-ST-ZIP			3.4. CIT		1 - ZIP					
TITLE		DELETE	4.1 1110		į			Cha	inge 🔲 Ad	ddilion
NAME .			4. 2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.4 CI1		I - ZIP			T 6.		C.P.C.
TITLE		☐ DELETE	5.1 THILE		- 1			☐ Cha	inge [] Ad	ddition
NAME			52 NAM							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		Divers	5.4 CI1	~ -	1-7IF					
TITLE		☐ DELETE	6.1 TITO					Cha	nge 🔲 Ad	JUILION
NAME			6.2 NA		ĺ					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CH			ed in Section 119.07(3)(i). Florida Statute	·			

4. 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 Statutos: 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 attachmont with an address.

CIONATURE.

DUMBUTED PR

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1-97 205-477-977