

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

FILED

May 05 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 # P93000014557 (1)

1. Corporation Name  
DALFFIC TOURS INT'L, INC.

Principal Place of Business  
9723 NE 2ND AVE  
MIAMI SHORES FL 33138

Mailing Address  
9723 NE 2ND AVE  
MIAMI SHORES FL 33138-2310



2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified  
02/26/1993

3a. Date of Last Report  
08/16/1996

4. FEI Number  
65-0391840

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

9. Name and Address of Current Registered Agent

RAVENEAU, JASMIN C  
835 NE 171 ST  
N MIAMI BEACH FL 33162

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 607.0509 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

*Jasmin C. Raveneau*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-97

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	RAVENEAU, JASMIN C	
STREET ADDRESS	835 NE 171ST STREET	
CITY - ST - ZIP	MIAMI BEACH FL 33162	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RAVENEAU, NETTE E	
STREET ADDRESS	835 NE 171ST STREET	
CITY - ST - ZIP	MIAMI BEACH FL 33162	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAVENEAU, ANNETTE M	
STREET ADDRESS	835 NE 171ST STREET	
CITY - ST - ZIP	MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, LIRA	
STREET ADDRESS	835 NE 171ST ST.	
CITY - ST - ZIP	MIAMI BEACH FL 33162	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAVENEAU, FRANK A JR.	
STREET ADDRESS	835 NE 171ST ST.	
CITY - ST - ZIP	N. MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

000002170510  
-05/08/97--01003--052  
\*\*\*165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*Jasmin C. Raveneau*

Date

Daytime Phone #

4-12-97 305-754-5723

CR2E034 (9/96)