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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P93000044329 (9)

MISS TOURISM INTERNATIONAL BEAUTY PAGEANT, INC.

222 LAKEVIEW AVE. SUITE 160-\$12 222 LAKEVIEW AVE. SUITE 160-312 W PALM BCH, FL 33401-6145 W PALM BCH. FL \$3401 3. Date Incorporated or Qualified 3a. Date of Last Report 06/23/1993 05/01/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0485641 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Zip Country This corporation has liability for intangible tax under s. 199.032, M No Yes Florida Statutes 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BIRMINGHAM, PATRICIA 1527 S FLAGLER DR. Street Address (P.O. Box Number is Not Acceptable) 82 **APT. 100** 83 WEST PALM BEACH FL 33401 Zip Code 84 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above framed 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 family, with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) d name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. \_\_\_\_ Kodition DELETE Change TITLE BIRMINGHAM, PATRICIA NAME 1₽ NAME POST OPPICE BOX 2353 N/A (adone) 1.3 STREET ADD STREET ADDRESS PALM BCH. FL 33480 1 A CITY-ST-ZIP CITY - ST- ZIP Change Addition DELETE 2/1 TITLE TITLE NAME 22 NAME 2,3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETÉ Change 3,1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3,4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4,1 TITLE TITLE 4, 2 NAME NAME 4,3 STREET ADDRESS STREET ADDRESS 4,4 CITY - ST - ZIP CITY-ST-ZIP

5,1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

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 infdicated on this aprofal juport 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 13 or Block 13 if changed for or an attachment with an address.

5.3 STREET ADDRESS

STREET ADDRESS

5,4 CITY - ST - ZIP

☐ DELETE

DELETE

FILED
May 16 1997 8:00am
Secretary of State

Change

Change

Addition

Addition

