FEE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1999 AUG 31 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000059637

Corporate Name: TRANSAMERICA TOURS INC

Mailing Address: 7130 S ORANGE BLOSSOM TRL SUITE 143 ORLANDO, FL 32809

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 25 Country:

2a Mailing Address: 29
Suite, Apt. #, etc.
City & State
Zip: 29 Country: 30

3. Date Incorporated or Qualified: 8/24/93

4. FEI Number: 59-3199334 [ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
JOSE CARLOS MENDES
7130 S ORANGE BLOSSOM TRL
ORLANDO, FL 32809

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

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 title if applicable) (NOTE: Registered Agent signature required when amending) DATE

OFFICERS AND DIRECTORS

[ ] DELETE
D
JOSE CARLOS MENDES
7130 S ORANGE BLOSSOM TRL
ORLANDO, FL 32809

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
[ ] Change [ ] Addition
900002977519--5
-09/02/99--01090--001
****150.00 ****150.00

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
[ ] Change [ ] Addition
900002977519--5
-09/02/99--01090--002
****150.00 ****150.00

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
[ ] Change [ ] Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
[ ] Change [ ] Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
[ ] Change [ ] Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
[ ] Change [ ] Addition

AD

CR2E034 (11/98)

I hereby certify that the information supplied with this filing qualifies for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 Section or Block 12 or Block 13 of this report or is added herein. I hereby affix my signature with all other like empowered.

SIGNATURE: Jose Carlos Mendes 8/5/99 (407) 251-6666
SIGNATURE OF NEW OFFICER OR DIRECTOR Date Daytime Phone #