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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9300067739 (1)

TOURISTIC WORLD, INC.

FILED Mar 05 1997 8:00am Secretary of State



Principal Plac 330 S.W. 27TH SUITE 308 MIAMI FL 3313	AVE.	Mailing Address 330 S.W. 27TH AVE. SUITE 308 MIAMI FL 33135-296	, 27TH AVE. 08		3. Date Incorporated or Qualified 3a, Date of Last Report			
	(A				09/29/1993	04/	17/1996	
2. Principal Place of Business 2a. Mailing Address			5		4. FEI Number			pplied For
21 26 Suite, Apt #, etc Suite			ilo Act 4 ato		¢0.75		ot Applicable	
├ ─¬	#, exc	Suite, Apt. #, et	C.		Certificate of Status Desired			Additional equired
22 27 City & State City & State					6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution			lo Fees
		Zip	day and the same a		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29		30		Florida Statutes Yes No			
	g. Name and Address of C	urrent Registered Agent			10. Name and Address of New I	Registered /	Agent	7-11
	ISUEGRA, LUIS A			81 Name				
780 N.W. 42ND AVE. #300				82 Street Add	dress (P.O. Box Number is Not Acceptable)			
MIA	MIAMI FL 33126							
				83				
				84 City		FI	85 Zip	Code
		7.0000 1.007 1500 Flacida	<u> </u>		poration submits this statement for the			ita ya alata a a
SIGNATURE			13.	Agent signature requ	ulred when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PS	☐ DELE	TE 1,1 TITI	.E			Change	Addition
NAME	MARRA, CHRISTINA	\ 0	1.2 NAI	1				
STREET ADURESS	330 S.W. 27TH AVE., #30 MIAMI FL 33135	,0		EET ADDRESS				
CITY-ST-ZIP TITLE	INFANT I C GO 100	DELE		Y-ST-ZIP			Change	Addition
I NAME			2.7 NA	i			C_r Ollange	L. Jaconion
STREET ADDRESS				HEET ADDRESS	· · · · · · · · · · · · · · · · · · ·			
Crity - ST - ZIP				Y-S1-ZIP				
TITLE		☐ DELE					Change	Addition
NAVE			3.2 NAI	ME				
STREET ADDRESS			3.3 ST	REET ADDRESS				
C(TY - ST - ZIP				Y-ST-ZIP		·		
TITLE		☐ DELE			:		Change	Addition
NAME			4. 2 NA					
STREET ACKRESS				EET ADDRESS				
CITY-S1-7IP		DELE		Y-ST-ZIP			Change	Addition
TITLE		L. DELE		i			C Alguide	L ADDITION
NAME STREET ADDRESS			5.2 NAI	HEET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
HILE		DELE					Change	Addition
NAME			6.2 NA					
STREET ADORESS				REET ADDRESS				
CITY - ST- ZIP				Y - ST - ZIP				
	I		5.7 OII		d in Caption 110 07(2)(i) Elevido Ctoti	Ann 16	a modifica din a	A N

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 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 this 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 bit an attachment with an address.