

FILE 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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90063 028 ***150.00

DOCUMENT # P93000067739

1. Corporation Name
TOURISTIC WORLD, INC.

Principal Place of Business

8903 SW 150 PL CIRCLE
MIAMI FL 33196
US

Mailing Address

8903 SW 150 PL CIRCLE
MIAMI FL 33193
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1993

4. FEI Number

65-0584294

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

2. Principal Place of Business

21 8903 S.W. 150 PL CIRCLE

2a. Mailing Address

26 8903 S.W. 150 PL CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33196

Country

25 DADE

Zip

29 33196

Country

30 DADE

9. Name and Address of Current Registered Agent

CONSUEGRA, LUIS A
780 N.W. 42ND AVE. #300
MIAMI FL 33126

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 607.0502 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME DEPAS, CHRISTINA M
STREET ADDRESS 8903 S.W. 150 PL CIRCLE
CITY-ST-ZIP MIAMI FL 33196

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT
1.2 NAME MARRA, MOACIR
1.3 STREET ADDRESS 8903 S.W. 150 PL CIRCLE
1.4 CITY-ST-ZIP MIAMI FL 33196

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 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, with all other like empowered.

SIGNATURE *Christina Depas* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINA
DEPAS

1/9/99

Date

305-388-7993

Daytime Phone #

CR2E034 (11/98)