~~SECOND NOTICE. CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.~~
~~AMOUNT DUE ON OR BEFORE 5/1/96: $125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)~~

AMENDED

FILED

96 JUN 25 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075490

1. Corporation Name

COSTA RICA PARADISE TOURS, INC.

Principal Place of Business / Mailing Address

5245 NW 36 ST, STE 205
MIAMI SPRINGS, FL 33166

3. Date Incorporated or Qualified: 11-1-93
3a. Date of Last Report: 2-16-96

2. Principal Place of Business
21 5245 NW 36 ST STE 205
Suite, Apt. #, etc.
22 STE 205
City & State
23 MIAMI SPRINGS, FL
Zip
24 33166
Country
25 DADE

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27 SAME
City & State
28 SAME
Zip
29 SAME
Country
30 SAME

4. FEI Number: 65-0447147 ☐ 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

JOYCE SUBBOT
5245 NW 36 ST STE 205
MIAMI SPRINGS, FL 33166

10. Name and Address of New Registered Agent

81 Name: CARLOS RODO
82 Street Address (P.O. Box Number is Not Acceptable): 5245 NW 36 ST
83 SUITE 205
84 City: MIAMI SPRINGS FL 85 Zip Code: 33166

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: Carlos Rodo JUNE 3, 1996
Signature, typed or printed name of registered agent and date required (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOYCE SUBBOT 5245 NW 36 ST STE 205 MIAMI SPRINGS, FL 33166	XX DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT CARLOS RODO 5245 NW 36 ST STE205 MIAMI SPRINGS, FL 33166	☐ Change XX Addition
		☐ DELETE	21 / 22 / 23 / 24		☐ Change ☐ Addition
		☐ DELETE	31 / 32 / 33 / 34		☐ Change ☐ Addition
		☐ DELETE	41 / 42 / 43 / 44		☐ Change ☐ Addition
		☐ DELETE	51 / 52 / 53 / 54		☐ Change ☐ Addition
		☐ DELETE	61 / 62 / 63 / 64		☐ Change ☐ Addition

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6/24/96

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Carlos Rodo JUNE 3, 1996 305 884.3955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #