

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:32

DOCUMENT # P93000081631 (2)

1. Corporation Name

MANDALA TOURS AND CRUISES, INC.

Principal Place of Business

300 ARTHUR GODFREY ROAD
STE. 208
MIAMI BEACH FL 33140

Mailing Address

300 ARTHUR GODFREY ROAD
STE. 208
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/22/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0451343

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

2. Principal Place of Business

21 2550 N.W. 72nd AVE

2a. Mailing Address

26 2550 N.W. 72nd AVE

Suite, Apt. #, etc.

22 Suite 208

Suite, Apt. #, etc.

27 Suite 208

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33122

Country

25 EUA

Zip

29 33122

Country

30 EUA

9. Name and Address of Current Registered Agent

LANGEN, HILARY
112 SOUTH HIBISCUS ISLAND
MIAMI FL 33139-5130

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ICKOWICZ, LEON E
STREET ADDRESS 300 ARTHUR GODFREY ROAD STE. 208
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D
NAME ICKOWICZ, CLEIDE G
STREET ADDRESS 300 ARTHUR GODFREY ROAD STE. 208
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE
NAME

CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or in an Attachment with an address.

SIGNATURE:

Leo Ickowicz PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #