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FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000081631 (2)

1. Corporation Name  
MANDALA TOURS AND CRUISES, INC.

Principal Place of Business

2550 N.W. 72ND AVE  
SUITE 202  
MIAMI FL 33122  
US

Mailing Address

2550 N.W. 72ND AVE  
SUITE 202  
MIAMI FL 33122-1346  
US

3. Date Incorporated or Qualified  
11/22/1993

3a. Date of Last Report  
03/18/1996

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

Suite, Apt. #, etc.

22 suite 201

City & State

23 MIAMI, FL

24 Zip 33122

Country

25 EVA

2a. Mailing Address

26 2550 N.W. 72nd AVE

Suite, Apt. #, etc.

27 suite 201

City & State

28 MIAMI, FL

29 Zip 33122

Country

30 EVA

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  
office or registered agent, or both, in the State of Florida. Such change was authorized  
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S

above-named corporation submits this statement for the purpose of changing its registered  
by the corporation's board of directors. I hereby accept the appointment as registered  
tes.

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 ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN - 9th 1997

255-592-0200

Date

Daytime Phone #

CR2E034 (9/96)