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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P930

P93000081631 (2)

1. Corporatio	DALA TOURS AND CRUISE	ES, INC.	()					
Principal Place of Business Mailing Address							1011 1447 1140	
2550 N.W. 72ND AVE 2550 N.W. 72 SUITE 201 SUITE 201			RND AVE		DO NOT WEIT	T IN THIS	PDACE	
MIAM) FL 3 US	13122	MIAMI FL 33122 US			DO NOT WRIT 3. Date Incorporated or Qualified		SPACE	
03		US			11/22/1993			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Ar	oplied For	
21		26			65-0451343		No	ot Applicable
Suite, Apt. #, etc		Suite, Apt #, etc	27		5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State		City & State	City & State		Election Campaign Financing \$5.00 May Be			
23		[28]			Trust Fund Contribution		Added 1	
Ζιρ	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes \(\square\) No			
24	25 29 9. Name and Address of Current Registered Agent		30		10, Name and Address of New Registered Agent			
<u> </u>	ANGEN, HILARY		8	1 Name		-		
	12 SOUTH HIBISCUS ISLAND		6	2 Street Add	dress (P.O. Box Number is Not Accepta	ıble)		
N	IIAMI FL 33139-5130		8	3		· · · · · · · · · · · · · · · · · · ·		
			L	4 City			as Zin I	Code
			°	City		FL	_ 85 Zip (200e
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change v	was authorized l	by the corpora	poration submits this statement for the ation's board of directors. I hereby acceptions	purpose o	of changing it pointment as	s registered registered
	Signature, typed or product runner of registered a	the second second second second second second		geni signalure requ	iired when reinstating)	DATE		
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTOR Change	RS IN 12 Addition
TITLE	•••						Change	L_] AUUIIIUI
NAME ICKOWICZ, LEON E STREET ADDRESS 300 ARTHUR GODFREY ROAD STE. 208			12 NAM					
LULUI DELOU EL AGALO			1.4 CITY	ET ADDRESS				
CITY-ST-ZIP TITLE	D DELETE						Change	Addition
NAME	ICKOWICZ, CLEIDE G		2.2 NAM					_
STREET ADDRESS 300 ARTHUR GODFREY ROAD STE. 208				E1 ADDRESS				
DITY-ST-ZIP MIAMI BEACH FL 33140			1	-S1-ZIP				
TATLE		☐ DELETE					Change	Addition
NAME			3.2 NAM	E				[
STREET ADDRESS			3 3 \$1RE	ET ADDRESS				1
CITY-ST-ZIP			34 CITY	- ST- ZIP				
TITLE	[_] DETETE		4 1 117 LE	1				Addition
NAME			4 2 NAM	1				
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP		T buch	4.4 G(TY				Change	Addition
TITLE		DELETE					Change	Addition
NAME			5.2 NAM	1				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE				Change	Addition
		المالين وسيا	6.2 NAM	ľ			- Undirgo	
NAME PERCET ADDRESS								,
STREET ADDRESS				ET ADDRESS				ļ

14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental prematic point 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 corporate in or the receiver or frusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attrapquent with an address.