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Feb 18, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000081631

1. Corporation Name

MANDALA TOURS AND CRUISES, INC.

Principal Place of Business

 2550 N.W. 72ND AVE
 SUITE 201
 MIAMI FL 33122
 US

Mailing Address

 2550 N.W. 72ND AVE
 SUITE 201
 MIAMI FL 33122
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

 Suite, Apt. #, etc.
 City & State
 Zip Country

2a. Mailing Address

 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Date Incorporated or Qualified

11/22/1993

4. FEI Number

65-0451343

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☒ Yes☐ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME D
 ICKOWICZ, LEON E
 STREET ADDRESS 300 ARTHUR GODFREY ROAD STE. 208
 CITY-ST-ZIP MIAMI BEACH FL 33140
TITLE ☐ DELETE
 NAME D
 ICKOWICZ, 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 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 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 807, 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:

 Daniel Ickowicz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEON ICKOWICZ

MAR 03 - 1999

CR2E034 (11/98)