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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mertham *

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087398 (2)

P.J. INTERNATIONAL TOURS, INC.

FILED
May 21 1997 8:00am
Secretary of State



Principal Place of Business		Mailing A	Address			I MONITARI IIO IDIDE CHAI DOINI CANA DOINI CON CONTRACTOR CONTRACT			
THE SURWOOD	AVENUE		MOOD AVENUE						
ONLANDO TE U	AR DELL CT	ONDANO.	PL 32037-0553	1.67		'			
ORLANDO FL 2835		1190's	17307 MARDEW CT OPLANDO FIL 22835			3. Date Incorporated or Qualified			port
	ace of Business		ng Address			4. FEI Number	04/02/		plied For
21	ace of pasitions	26	ig / kioloso			59-3216109			t Applicable
Sulte, Apt.	V. etc.		, Apt. #, etc.				\$	8.75 A	
22		27				5. Certificate of Status Desired	□ *	Fee Re	
City & State)		& State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	
Zip	Country	Zip		Country	,	8. This corporation has liability for			199.032,
24	25	29		30			Yes D		
	9. Name and Address of Cu					10. Name and Address of New Re	gistered Age	nt	
	LAW FIRM OF LAWRENCE	J. SPIEGEL CHF	TRD	81	Name				
343 ALMERIA AVENUE					82 Street Address (P.O. Box Number is Not Acceptable)				
ÇOR	AL GABLES FL 33134								
•				83					
				. 84	City		 , 8	15 Zip C	Code
*	:				<u> </u>		FL °		
11. Pursuant to	o the provisions of Sections 607	7.0502 and 607.150 State of Florida, Su	08, Florida Statute ch change was a	es, the above authorized by	e-named co v the corpor	prporation submits this statement for the patients board of directors. I hereby acce	purpose of cha pt the appoint	anging its ment as	s registered registered
agent. I ar	n familiar with, and accept the o	obligations of, Sect	ion 607.05 0 5, Flo	orida Statute	S.		, , , , , , , , , , , , , , , , , , , ,		
SIGNATURE									
	Signature, typed or printed name of registers	ed agent and title if applic S AND DIRECTORS		E Fregistered Age	ent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND DI	RECTOR	S INI 12
TITLE	P	S AND DIRECTORS	DELETE	1 1 TITLE		9		Change	Addition
NAME	LEE, PETER			1 O BIANCE	li i	eg, peter			
STREET ADDRESS	STATE OF THE STATE	1300 M	arvellet		ADDRESS	MARDELL CT			
i	ORLANDO FL-82837-	ORLAHDO	FL 32835	1,4 CITY - S	2T_2ID	eg. Peter 1301 mardeu ct Orlando Fl 2835	i		
CITY-ST-ZIP TITLE	OUDINO IL OCOST		DELETE	2 1 7 (TLE	31-20	DRG/170 - 200		Change	Addition
NAME				2.2 NAME				•	
STREET ADORESS	t y an a mayasa mag			2.3 STREET	I ADDRESS				
CITY-ST-ZIP	27			2. 4 CITY					
TITLE	<u> </u>		DELETE	3.1 TITLE	3,1-2,11			Change	Addition
NAME	i			3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY-					
TITLE			DELETE	4.1 TITLE				Change	Addition
NAME				4 2 NAME	İ				
STREET ADDRESS					1 ADDRESS		٨		
CITY-ST-ZIP				4.4 CITY - S		//	16 11		
TITLE			DELETE	5.1 TITLE			m A	Change	Addition
NAME				5.2 NAME			L 1/2		
STREET ADDRESS	,			5.3 STREET	T ADDRESS		W		
CITY-ST-ZIP				5.4 CITY - S	ST-ZIP		<u> </u>		
TITLE			DELETE	6.1 TOTLE				Change	Addition
NAME				6.2 NAME		20000220)500:	2	
STREET ADDRESS				6.3 STREE	1 ADDRESS	20000220 -06/04/97011	0301 1		
CITY-ST-ZIP				6.4 C(TY -)	ST-ZIP	***165.00			
						11 0 11 140 07/01/11 Ft 11 Di 14			41

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 Brock 13 if phatiged, or on an attachment with an address.

. f. 11 9 M . 100) 218 8834