

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000017173 (3)
 1. Corporation Name
AMIGA TOURISM SERVICE, CORPORATION



Principal Place of Business 7601 E. TREASURE DR. SUITE #911 NORTH BAY VILLAGE FL 33141-4361	Mailing Address 7601 E. TREASURE DR. SUITE #911 NORTH BAY VILLAGE FL 33141-4361
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3. Date Incorporated or Qualified 03/04/1994	3a. Date of Last Report 02/20/1996
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2. Principal Place of Business 21 214 SE 2 TER Suite, Apt. #, etc.	2a. Mailing Address 26 214 SE 2 TER Suite, Apt. #, etc.
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4. FEI Number 65-0472187	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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22 City & State DANIA, FL	27 City & State DANIA, FL
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

23 Zip 33004	25 Country	28 Zip 33004	30 Country
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes No

~~MOLLINEDO, ARSENIO
 7601 E. TREASURE DR.
 SUITE 911
 N BAY VILLAGE FL 33141-4361~~

ADDRESS CHANGE ONLY.

10. Name and Address of New Registered Agent

81 Name ARSENIO MOLLINEDO	
82 Street Address (P.O. Box Number is Not Acceptable) 214 SE 2 TER	
83	
84 City DANIA	85 Zip Code FL 33004

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS MOLLINEDO, ARSENIO 7601 E. TREASURE DR. #911 N BAY VILLAGE FL 33141-4361	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SCHMIDT, HENRY 7601 E. TREASURE DR. #1411 N. BAY VILLAGE FL 33141-4361	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DVPS MOLLINEDO, ARSENIO 214 SE 2 TR DANIA, FL 33004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of this record, or a justic 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]* **ARSENIO MOLLINEDO** *[Signature]* **4-30-97**

CR2E034 (9/96)