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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

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

2. Principal Place of Business

21 214 SE 2 TER

Suite, Apt. #, etc.

22

City & State

23 DANIA, FL

Zip

Country

24 33004

25

2a. Mailing Address

26 214 SE 2 TER

Suite, Apt. #, etc.

27

City & State

28 DANIA, FL

Zip

Country

29 33004

30

3. Date Incorporated or Qualified

03/04/1994

3a. Date of Last Report

02/20/1996

4. FEI Number

65-0472187

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

FL

85 Zip Code

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

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 DVPS ☐ DELETE

NAME MOLLINEDO, ARSENIO
STREET ADDRESS 7601 E. TREASURE DR. #911
CITY-ST-ZIP N BAY VILLAGE FL 33141-4361

TITLE PT ☐ DELETE

NAME SCHMIDT, HENRY
STREET ADDRESS 7601 E. TREASURE DR. #1411
CITY-ST-ZIP N. BAY VILLAGE FL 33141-4361

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 DVPS ☒ Change ☐ Addition

1.2 NAME MOLLINEDO, ARSENIO
1.3 STREET ADDRESS 214 SE 2 TR
1.4 CITY-ST-ZIP DANIA, FL 33004

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 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 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 MOLLINEDO, ARSENIO

4-30-97

CR2E034 (9/96)