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

**PROFIT CORPORATION** 



FLORIDA DEPARTMENT

STATE Sandra B. Morth **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORA IONS DOCUMENT # P94000036114 (4) NEW WORLD TOURS AND TRAVEL SERVICES. INC.

FILED
Apr 30 1998 8:00am
Secretary of State



0-111-01		No. itia an Andreas				<u> </u>	LORD MIROL DIKOL II	
Principal Place of Business Mailing Address								
6040 S.W. 16 PLANTATION	ITHG COURT FL <b>33</b> 317-5204		6040 S.W. 16THG COURT PLANTATION FL 33317-5204			-		
Townson Tales and Tales			TEMPATION TE 00011-0204			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 06/01/1994		
	Place of Business	— ·	2a. Mailing Address			4. FEI Number		applied For
21 Suite Ant	# <del>***</del>	<del></del>	26			65-0496434		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<b>5.</b> Certificate of Status Desired		Additional Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23 Zip	Zip Country Zip		Country			Trust Fund Contribution		
24	25	29	30	·····y		<ol><li>This corporation owes or has paid the c Personal Property Tax due June 30.</li></ol>	urrent year it	X No
	9. Name and Address of Curr		1001			10. Name and Address of New Registere		
MA	WACHI, MARA O			81	Name			
6040 \$.W. 16TH COURT				82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33317-5204					- Chrost / Iden			
	•			83				j
			ŀ	84	City		85 Zip	Code
				l	·	F		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obl	te of Florida. Such change was	: authorized	d bv	the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing opointment a	its registered s registered
SIGNATURE	а <b>т тат</b> шаг <b>w</b> ңв, алсі ассерт іне оол	gailons or, Section 607.0505, F	ionda Sian	uies				
	Signature, typed or printed name of registered a			I Agei	nt signature require	ed when reinstaling) DATE		
12,	·	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12 Addition
TITLE	D MANACHI MADA O	☐ DELETE	1.1 TH				☐ Change	Abdillion
NAME	AA IA A W. AATH AAHAT			1.2 NAME 1.3 STREET ADDRESS				
STREET ADORESS	ALANTATION PLACE TOO							
CITY-ST-ZIP TITLE	PERMINION PL 33317-320			Y-S1	I - ZiP		Change	☐ Addition
NAME			2.1 TITLE 2.2 NAME				Change	
STREET ADDRESS					ADDOCCC			
CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY - ST - ZIP					
TITLE	DELETE			3.1 TITLE			Change	Addition
NAME			3.2 NA				-	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			3.4. CI					
TITLE	DELETE 4.31						Change	Addition
NAME			4. 2 NA	<b>AME</b>				
STREET ADDRESS			4.3 ST	REE1	ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y- \$1	r- 21P			
TITLE			5.1 TiT	LE			☐ Change	☐ Addition
NAME			5.2 NA	M€				
STREET ADDRESS			5.3 \$11	REET	ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-SI	I-ZIP			
TITLE		DELETE	6.1 <b>T</b> IT	LE			☐ Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 STI	REET	ADDRESS			
CITY-ST-ZIP			6.4 CIT			Section 11B 07/2V() Elevide Statutes   Liuther		

Inercoy certify that the information supplied with this filling 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 is 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 Block 13 if changed, or on an attachment with an address.

11-22-00