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

**PROFIT** CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 1. Corporation Name P94000036114

NEW WORLD TOURS AND TRAVEL SERVICES. INC.

Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite,
PLANTATION FL 33317-5204  PLANTATION FL 3331
2. Principal Place of Business 2. Mailing Address 4. FEI Number 565/01/1994 5. Certificate of Status Desired Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Personal Property Tax. 2. Personal Property Tax. 3. Date Incorporated or Qualified 65-01/96434 5. Certificate of Status Desired 5. Certificate of Sta
2. Principal Place of Business  2. Mailing Address  2. Mailing Address  3. FEI Number  Applied For Not Applicable 65-0496434  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Coun
2. Principal Place of Business
Sulte, Apt. #, etc.  Sulte, Ap
Suite, Apt. #, etc.    Suite, Apt. #, etc.
City & State  Country  Country  Country  Country  Country  Restrict Company Financing Fore required  Added to Fees  Trust Fund Contribution  Added to Fees  Restrict Country  Restrict Country
28
28
Personal Property Tax.   Yes
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  MANACHI, MARA 0 MANGACH 6040 S.W. 16TH COURT PLANTATION FL 33317-5204  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature. Upped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D MANACHI, MARA 0 MANGACHI 1.2 NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  PLANTATION FL 33317-5204
MANACHI, MARA 0 MANGACHI 6040 S.W. 16TH COURT PLANTATION FL 33317-5204  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 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. (HOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  MANACHI; MARA 0 MANGACHI 12 NAME  STREET ADDRESS CITY-ST-ZIP  PLANTATION FL 33317-5204  14 CITY-ST-ZIP  Change Addition  Change Cha
6040 S.W. 16TH COURT PLANTATION FL 33317-5204  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 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 SIGNATURE OFFICERS AND DIRECTORS 1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DAMAE MANACHI; MARA O MANGACHI 12 NAME STREET ADDRESS 6040 S.W. 16TH COURT 1.3 STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317-5204  Change Additional Change Additional Change Change Additional Change Change Additional Change Change Additional Change
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NAME MANACHI; MARA O MANGACHI STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317-5204  12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 CHange DAddition
NAME         MANACHI; MARA O ΜΑΝΘΑΟΗ Ι         12 NAME           STREET ADDRESS         6040 S.W. 16TH COURT         1.3 STREET ADDRESS           CITY- ST-ZIP         PLANTATION FL 33317-5204         1.4 CITY- ST-ZIP
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A. 2 NAME
1.2 NAME
A 2 NAME
4.2 NAME

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 607. 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.

6.4 CITY+ST-ZIP

6.3 STREET ADDRESS