FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 AUG -8 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # P94000065970

1. Corporation Name: ALINA'S TRAVEL & TOURS, INC

Principal Place of Business: 1569 OKEECHOBEE ROAD HIALEAH, FL 33010

Mailing Address: 1569 OKEECHOBEE ROAD HIALEAH, FL 33010

3. Date Incorporated or Qualified: 9/08/94

3a. Date of Last Report: 5/01/96

2. Principal Place of Business: 21 1569 OKEECHOBEE ROAD

Suite, Apt. #, etc.: 22

City & State: 23 HIALEAH, FL

Zip: 24 33010 Country: 25 DADE

2a. Mailing Address: 26 1569 OKEECHOBEE ROAD

Suite, Apt. #, etc.: 27

City & State: 28 HIALEAH, FL

Zip: 29 33010 Country: 30 DADE

4. FEI Number: 65-0518000 — Applied For / Not Applicable

5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent:
PEDRO LUIS GONZALEZ
17000 N.W. 67TH AVE APT 322
MIAMI, FL 33015

10. Name and Address of New Registered Agent:
81 Name: IRIS D. MARIN
82 Street Address (P.O. Box Number is Not Acceptable): 1569 OKEECHOBEE ROAD
83
84 City: MIAMI FL 85 Zip Code: 33015

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] 3/27/97
Signature, typed 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	PD [X] DELETE	1.1 TITLE	P, D, S.T. [ ] Change [ ] Additio
NAME	GONZALEZ, PEDRO LUIS	1.2 NAME	MARIN, IRIS
STREET ADDRESS	17000 N.W. 67 AVE APT 322	1.3 STREET ADDRESS	1569 OKEECHOBEE ROAD
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	STD [X] DELETE	2.1 TITLE	[ ] Change [ ] Additio
NAME	GONZALEZ, ISIS M.	2.2 NAME	800002266008--0
STREET ADDRESS	17000 N.W. 67 AVE APT 322	2.3 STREET ADDRESS	-08/13/97--01084--009
CITY-ST-ZIP	MIAMI, FL 33015	2.4 CITY-ST-ZIP	****173.75 ****173.75
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Additio
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Additio
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

8/13/97

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 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.

SIGNATURE: [signature] 3/27/97