SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG -7 AM 10:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000077860 (2)

1. Corporation Name
WORLD TOUR NETWORK, INC.

Principal Place of Business	Mailing Address
3182 GIFFORD LN COCONUT GROVE FL 33133	3182 GIFFORD LN COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: 10/20/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3161 DAY AVE.	26 3161 DAY AVE
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: COCONUT GROVE, Fl	28 City & State: COCONUT GROVE, FL
24 Zip: 33133 / 25 Country: DADE	29 Zip: 33133 / 30 Country: DADE

4. FEI Number: 65-0573774 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. ☐ $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

MACNEIL, PATRICK G
3182 GIFFORD LN
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: PATRICK MACNEIL
82 Street Address (P.O. Box Number is Not Acceptable): 3161 DAY AVE.
83
84 City: COCONUT GROVE FL 85 Zip Code: 33133

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] 7/28/95
DATE

12. OFFICERS AND DIRECTORS		13.		
TITLE	D	1 1 TITLE	~~MA~~ DIRECTOR ~~SECRETARY~~ SECRETARY	☑ Change ☐ Addition
NAME	MACNEIL, PATRICK G	1 2 NAME	PATRICK MACNEIL	
STREET ADDRESS	3182 GIFFORD LN	1 3 STREET ADDRESS	3161 DAY AVE	
CITY ST ZIP	COCONUT GROVE FL 33133	1 4 CITY ST ZIP	COCONUT GROVE Fl. 33133	
TITLE		2 1 TITLE	DIRECTOR President	☐ Change ☑ Addition
NAME		2 2 NAME	Deborah N. ZAMORA	
STREET ADDRESS		2 3 STREET ADDRESS	3161 DAY AVE.	
CITY ST ZIP		2 4 CITY ST ZIP	COCONUT GROVE Fl. 33133	
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY ST ZIP		3 4 CITY ST ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY ST ZIP		4 4 CITY ST ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY ST ZIP		5 4 CITY ST ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY ST ZIP		6 4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Deborah N. Zamora Director President 7-28-95 (305)448-7324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE / DAYTIME PHONE #

CR2E034 (3/95)

0040087 CP