

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000083094 (0)

1. Corporation Name

KIMBERLY TOURS, INC.

Principal Place of Business

Mailing Address

6019 KIMBERLY BLVD
NORTH LAUDERDALE FL 33068

6019 KIMBERLY BLVD
NORTH LAUDERDALE FL 33068



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/10/1994		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 65-0536402		Applied For Not Applicable	
22. Suite, Apt #, etc		27. Suite, Apt #, etc		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

DUQUE, DARIO
5200 SW 9TH COURT
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81. Name OLEA CASTEL BLANCO
82. Street Address (P.O. Box Number is Not Acceptable)
5420 N.W. 85TH AVENUE
83.
84. City LAUDERHILL FL 85. Zip Code 33319

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

Dario Duque
Signature typed and printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

Date

6/18/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DUQUE, DARIO	1.2 NAME	OLEA CASTEL BLANCO
STREET ADDRESS	5200 SW 9TH CT	1.3 STREET ADDRESS	5420 N.W. 85TH AVENUE
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	VD	2.1 TITLE	
NAME	VERGARA, MARIA	2.2 NAME	
STREET ADDRESS	6019 KIMBERLY BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N LAUDERDALE FL 33068	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
		200001880392 -07/01/96--01027--008 ***225.00	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: *

Maria F. Vergara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96

Date

Daytime Phone

05 711/96

CR2E034 (3/96)