

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000083094

1. Corporation Name
KIMBERLY TOURS, INC.

Principal Place of Business
6019 KIMBERLY BLVD.
NORTH LAUDERDALE FL 33068

Mailing Address
6019 KIMBERLY BLVD.
NORTH LAUDERDALE FL 33068

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

NANCY MOJICA
6019 KIMBERLY BLVD
N. LAUDERDALE FL 33068

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when not signing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	VERGARA, MARIA	
STREET ADDRESS	6019 KIMBERLY BLVD.	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	V.D. MIGUEL GONZALEZ	[] Change [X] Addition
12 NAME	MIGUEL GONZALEZ	
13 STREET ADDRESS	721 E. COCOPLUM CIRCLE #2	
14 CITY-ST-ZIP	PLANTATION FL 33319	
21 TITLE		[] Change [] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[] Change [] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[] Change [] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[] Change [] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

200002766302- [] Change [X] Addition
-02/08/99-01015--021
****150.00 ****150.00

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.

SIGNATURE:

MIGUEL GONZALEZ Miguel Gonzalez 2/1/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Document Fee #

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