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FILED

Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000086114 (3)

1. Corporation Name

UNITED STATES TOURISM PROMOTION AND MARKETING CO
RPORATION

Principal Place of Business

BOX 22447
LAKE BUENA VISTA FL 32830

Mailing Address

% DR. NELSON YING
9099 SR 535
ORLANDO FL 32836-6504



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

11/22/1994

3a. Date of Last Report

03/13/1996

4. FEI Number

59-3284953

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$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

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

YING, NELSON
9099 SR 535
ORLANDO FL 32836

10. Name and Address of New Registered Agent

81 Name YING, NELSON c/o MARCO POLO COLUMBUS & FERRARI

82 Street Address (P.O. Box Number is Not Acceptable)
9101 S.R. 535, SUITE 300

83

84 City ORLANDO

FL

85 Zip Code

32836

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

YING, JAMES

STREET ADDRESS

BOX 22447 NA
LAKE BUENA VISTA FL 32830

CITY - ST - ZIP

TITLE

PDS

NAME

YING, NELSON

STREET ADDRESS

BOX 22447 NA
LAKE BUENA VISTA FL 32830

CITY - ST - ZIP

TITLE

VASD

NAME

YING, NELSON JR.

STREET ADDRESS

BOX 22447 NA
LAKE BUENA VISTA FL 32830

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

1.2 NAME

YING, JAMES c/o MARCO POLO COLUMBUS & FERRARI

1.3 STREET ADDRESS

9101 S.R. 535, SUITE 300

1.4 CITY - ST - ZIP

ORLANDO, FL 32836

2.1 TITLE

PDS

2.2 NAME

YING, NELSON c/o MARCO POLO COLUMBUS & FERRARI

2.3 STREET ADDRESS

9101 S.R. 535, SUITE 300

2.4 CITY - ST - ZIP

ORLANDO, FL 32836

3.1 TITLE

VASD

3.2 NAME

YING, NELSON JR. c/o MARCO POLO COLUMBUS & FERRARI

3.3 STREET ADDRESS

9101 S.R. 535, SUITE 300

3.4 CITY - ST - ZIP

ORLANDO, FL 32836

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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]

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/97

Date

407-876-1793

Daytime Phone

CR2003 (9/96)