

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000086290 (1)

1. Corporation Name

NATIVA TOUR & TRADING, CORP.



Principal Place of Business

Mailing Address

25-0E-2ND AVENUE STE-1242
MIAMI-FL-33131

25-0E-2ND AVENUE STE-1242
MIAMI FL-33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1994

4. FEI Number

65-0536082

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 8221 NW 30 Terrace
Suite, Apt. #, etc.

26 8221 NW 30 Terrace
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami - FL

28 Miami - FL

24 Zip 33122

25 Country USA

29 Zip 33122

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DA SILVA, PERICLES P JR.
25-0E-2ND AVENUE STE-1242
MIAMI-FL-33131

B1 Name Da Silva, Pericles P.

B2 Street Address (P.O. Box Number is Not Acceptable)
8221 NW 30 Terrace

B3

B4 City Miami

FL

B5 Zip Code 33122

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 signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME DA SILVA, PERICLES P JR.
STREET ADDRESS C/O 25-0E-2ND AVENUE STE-1242
CITY-ST-ZIP MIAMI-FL-33131

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME Da Silva, Pericles P. Jr
1.3 STREET ADDRESS 7601 E. Treasure Drive #2104
1.4 CITY-ST-ZIP North Bay Village - FL-33141

TITLE SDD ☐ DELETE
NAME DA SILVA, VIRGINIA R
STREET ADDRESS C/O 25-0E-2ND AVENUE STE-1242
CITY-ST-ZIP MIAMI-FL-33131

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Martins, Luciano
2.3 STREET ADDRESS 1420-Briarclay Bay Drive #704
2.4 CITY-ST-ZIP Miami - FL-33141

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE SDD ☒ Change ☐ Addition
3.2 NAME Silva, Virginia
3.3 STREET ADDRESS 7601 E. Treasure Drive #2104
3.4 CITY-ST-ZIP N. Bay Village - FL-33141

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

03/28/98

205-513-3540

CR2E034 (10/97)