FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAR -7 PM 3:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000087673 (7)

FANTASY TOURS AND TRANSPORTATION, INC.

11501 CHESTFIELD CT.
ORLANDO FL 32837

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ORLANDO FL 32837

3. Date Incorporated or Qualified to Do Business in Florida: 12/01/1994

3a. Date of Last Report:

4. FEI Number: 59-3283246 — 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	10. Name and Address of New Registered Agent
DILONE, JOSE D 11501 CHESTFIELD CT. ORLANDO FL 32837	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1 1 TITLE ☐ Change ☐ Addition
NAME	DILONE, JOSE D	1 2 NAME
STREET ADDRESS	11501 CHESTFIELD CT.	1 3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32837	1 4 CITY-ST-ZIP
TITLE	D	2 1 TITLE ☐ Change ☐ Addition
NAME	TIRADO, PABLO J	2 2 NAME
STREET ADDRESS	5206 MYSTIC POINT CT.	2 3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32812	2 4 CITY-ST-ZIP
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 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 or is an attachment with an address.

SIGNATURE: José D Dilone — 3/2/95 — 9:10 AM 857-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0418507 FP