FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000010505 (2)

1. Corporation Name
LOCOMOTION TOUR OPERATOR, INC.

Principal Place of Business
1080 S.W. 46TH ST. #104
POMPANO BEACH FL 33069

Mailing Address
1080 S.W. 46TH ST. #104
POMPANO BEACH FL 33069

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: 02/03/1995
3a. Date of Last Report
4. FEI Number: 59-3289994 — 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
DANLEY, RICHARD D
3501 13TH ST.
ST. CLOUD FL 34769

10. Name and Address of New Registered Agent
81 Name: Luiz Kaufmann
82 Street Address (P.O. Box Number is Not Acceptable): 1080 SW 46th ave. # 104
83
84 City: Pompano Beach FL
85 Zip Code: 33069

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] LUIZ KAUFMANN DATE 02/29/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KAUFMANN, LUIZ	
STREET ADDRESS	4948 CASON COVE DR., SUITE 304	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	☐ DELETE
NAME	MORI, HELOISA	
STREET ADDRESS	4948 CASON COVE DR., SUITE 304	
CITY-ST-ZIP	ORLANDO FL 32811	
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	Luiz Kaufmann	
1.3 STREET ADDRESS	1080 SW 46th ave # 104	
1.4 CITY-ST-ZIP	Pompano Beach FL 33069	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	Heloisa Mori	
2.3 STREET ADDRESS	1080 SW 46th Ave #104	
2.4 CITY-ST-ZIP	Pompano Beach, FL 33069	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
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 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 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] 02/29/96 (305)3036256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)