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VINCENT J BATYR

FILED

May 23 1997 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Nathan Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name Spiritual Sojourns Inc.			
Principal Place of Business		Mailing Address	
40 Cay Koumjian 1100 West Avenue Apt. H6 Miami Beach, FL 33139			
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	2b	2/17/95	5/1/96
22	27	4. FEI Number	Applied For
Suite, Apt. B, etc.	Suite, Apt. B, etc.	65-0565245	Not Applicable
23	28	5. Certificate of Status Desired	\$9.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	Trust Fund Contribution	Added to Fees
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes ☐ No ☐
25	30		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Cay Koumjian 1100 West Avenue Apt. H6 Miami Beach, FL 33139		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 607.0508, Florida Statutes.			
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Cay Koumjian	1.2 NAME	
STREET ADDRESS	1100 West Avenue Apt. H6	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33139	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Cathy Amerndola	2.2 NAME	
STREET ADDRESS	3426 Sandlake Dr	2.3 STREET ADDRESS	
CITY-ST-ZIP	Charlotte, GA 30060	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.01(3)(b) 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.		4/23/97 770 436-5402	
SIGNATURE: Cathy Amerndola		***165.00	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	