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 # **P95000024535 (3)**

1. Corporation Name

CB TOURISM & REPRESENTATION INCORPORATED

Principal Place of Business	Mailing Address
ONE BISCAYNE TOWER. SUITE 2975 TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131	ONE BISCAYNE TOWER. SUITE 2975 TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131

3. Date Incorporated or Qualified: **03/27/1995**
3a. Date of Last Report: **N/A**

2. Principal Place of Business
21 **5850 Lakehurst Drive**
Suite, Apt. #, etc.
22 **100 A**
City & State
23 **Orlando, Florida**
Zip: 24 **32819** County: 25 **USA**

2a. Mailing Address
26 **5850 Lakehurst Drive**
Suite, Apt. #, etc.
27 **100 A**
City & State
28 **Orlando, Florida**
Zip: 29 **32819** County: 30 **USA**

4. FEI Number: **59-3305275** ☐ 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

MACDANIEL, JOHN M
TWO SOUTH BISCAYNE BLVD. SUITE 2975
ONE BISCAYNE TOWER
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 Section 607.0505 or 617.1505, 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. Statement 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

TITLE	President	☐ DELETE
NAME	Santos,Antonio Jose da Silva	
STREET ADDRESS	7935 SW 86th # 801	
CITY-ST-ZIP	Miami, Florida 33143	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	VP/S	☐ Change ☒ Addition
2 NAME	CID CARLOS FORLEO	
3 STREET ADDRESS	2624 ROBERT T. JONES DR #626	
4 CITY-ST-ZIP	ORLANDO FL 32835	
1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the applicable requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added to the report, or on an attachment with an address.

SIGNATURE: X Cid C. Forleo CID CARLOS FORLEO X 03/21/96 X 305-639-3068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

305-296 7747