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FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

5850 LAKEHURST DRIVE
SUITE 100A
ORLANDO FL 32819
US

Mailing Address

5850 LAKEHURST DRIVE
SUITE 100A
ORLANDO FL 32819-8368
US



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 2624 ROBERT T. JONES DR

27 Suite, Apt. #, etc

27 #626

28 City & State

28 ORLANDO FL

29 Zip

29 32835

30 Country

30 USA

3. Date Incorporated or Qualified

03/27/1995

3a. Date of Last Report

04/02/1996

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 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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SANTOS, ANTONIO JOSE D
STREET ADDRESS 7935 SW 86TH #801
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICEPRESIDENT
1.2 NAME CID C. FORLEO
1.3 STREET ADDRESS 2624 ROBERT TRENT JONES #626
1.4 CITY-ST-ZIP ORLANDO FL. 32835

2.1 TITLE
2.2 NAME LAURA M. FORLEO
2.3 STREET ADDRESS 2624 ROBERT TRENT JONES #626
2.4 CITY-ST-ZIP ORLANDO FL. 32835

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE
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 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-97 (407)296-4747

Date

Daytime Phone

CR2E034 (9/96)