

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

FILED  
Aug 31 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000026859 (5)**

1. Corporation Name  
**ARCOTOUR U.S.A., INC.**



Principal Place of Business <b>1 S.E. 3 AVE STE 960 MIAMI FL 33131</b>	Mailing Address <b>1 S.E. 3 AVE STE 960 MIAMI FL 33131</b>
---	---

DO NOT WRITE IN THIS SPACE

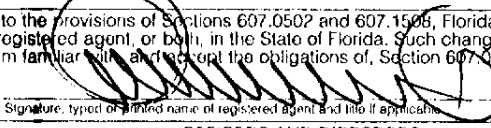
2. Principal Place of Business 21 <b>1 SE 3RD AVE</b> Suite, Apt. #, etc. 22 <b>SUITE 940</b> City & State 23 <b>MIAMI FL</b> Zip 24 <b>33131</b>	2a. Mailing Address 26 <b>1 SE 3RD AVE</b> Suite, Apt. #, etc. 27 <b>SUITE 940</b> City & State 28 <b>MIAMI FL</b> Zip 29 <b>33131</b>
--	---

3. Date Incorporated or Qualified <b>04/04/1995</b>	4. FEI Number <b>65-0581734</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>ROZENCWAIG, LESLIE A P.A. 1 S.E. 3RD AVE. STE 960 MIAMI FL 33131</b>	
--	--

10. Name and Address of New Registered Agent 81 Name <b>FLAVIO COELHO</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1 SE 3 RD AVE # 940</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33131</b>	
---	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. 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:  (NOTE: Registered Agent signature required when reinstating) DATE: **08/30/98**

12. OFFICERS AND DIRECTORS	
TITLE	<b>PSTD</b> <input type="checkbox"/> DELETE
NAME	<b>FLAVIO, COELHO</b>
STREET ADDRESS	<b>1 S.E. 3RD AVE, STE 960</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1 S.E. 3RD AVE. STE 940</b>
1.4 CITY-ST-ZIP	<b>MIAMI FL 33131</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>000002631550</b>
5.4 CITY-ST-ZIP	<b>-09/02/98--01066--042</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>***150.00</b>
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

CR2E034 (10/97)

(2)

Division of Corporations  
P.O. BOX 6327  
Tallahassee FL 32314

Per instructions from Division Of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation ARCOTOUR U.S.A., INC

Thank you for your courtesy in this matter.

A handwritten signature in black ink, appearing to read 'Flavio Coelho', is written over a horizontal line.

COELHO FLAVIO  
President