

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

FILED

**Apr 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 # P95000052563 (0)

1. Corporation Name
ALLITOURS, INC.



| | |
|--|---|
| Principal Place of Business 250 CATALONIA AVE., STE. 403 CORAL GABLES FL 33134 | Mailing Address 250 CATALONIA AVE., STE. 403 CORAL GABLES FL 33134-8730 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/07/1995 | 3a. Date of Last Report 07/02/1996 |
| 4. FEI Number 65-0594566 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

9. Name and Address of Current Registered Agent
**ALVAREZ, GASTON R
1313 PONCE DE LEON BLVD., STE. 201
CORAL GABLES FL 33134**

| | |
|---|--|
| 81 Name | 10. Name and Address of New Registered Agent |
| 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: _____ (NOTE: Registered Agent Signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TELLO, RAMON E | 1.2 NAME | |
| STREET ADDRESS | 250 CATALONIA AVE., STE. 403 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROLANDO, CARLOS P | 2.2 NAME | |
| STREET ADDRESS | 250 CATALONIA AVE., STE. 403 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | 500002148675 |
| STREET ADDRESS | | 5.3 STREET ADDRESS | -04/21/97--01035--033 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | ***82.50 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | 500002148675 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | -04/21/97--01035--032 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | ***82.50 |

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 if changed. I have attached an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/1997
Date

Daytime Phone #

0182879

CR2E034 (9/96)