SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Sccretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P95000097543 (9)

TOURTMUS	HOL	DINGS	$C \cap DD$	

Solvinos Notomas Som.						
Principal Place of Business	Mailing Address			1 14411341 114 (014) 01(1) 001(1 001(1 0	9101 90 11 0 10 111	1860) DIGH DIGH
343 ALMERIA AVENUE CORAL GABLES FL 33134	343 ALMERIA AVENUE CORAL GABLES FL 33					
				3. Date Incorporated or Qualified 12/27/1995	3a. Dale	e of Last Report
2. Principal Place of Business	2a. Mailing Address		_	4. FEI Number		Applied For
21 1501 Corporate Drive	26 1501 Corpo	rate Di	ive	65-0669995		Not Applicable
Suite, Apt #, etc 22 #260	Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	X	\$8.75 Additional Fee Required
22 # 260 City & State	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	·	\$5.00 May Be
Boynton Beach, Florida	28 Boynton Bea	ch. Flo	rida	Trust Fund Contribution		Added to Fees
Zip Country	Zip	Coun	ry	8. This corporation has liability for		
24 33426 25 USA	29 33426	30	USA	Florida Statutes 10. Name and Address of New Re	Yes	No
9. Name and Address of Curren			1 Name		gistered A	96111
THE KAMETER AND KAMERNOEKE	SEGREEXXHROOK			iLawyer Chartered ress (P.O. Box Number is Not Acceptat		
343 ALMERIA AVENUE CORAL GABLES FL 33134			Street Addr	ress (P.O. Box Number is Not Acceptar.	.e)	
CONAL GABLES FL 33 134		1	3			
/	/		I4 City			85 Zip Code
• 4	//		1		FL	
11. Pursuant to the provisions of Salv bas 497,050	ัดที่ โคืorida. Such change was	author-zed b	v the corporati	oration submits this statement for the p on's board of directors. Thereny accep	urpose of ch Lithe appoin	hanging its registered itment as registered
of mor registered agent, or built in his State agent I am familiar with pholacescule of the AmeriLav	Hiros of, Section 607.0505, F	Florida Statut	es			
SIGNATURE	e; and the diapplicable (*)			rera, Vice President	DÁIL	5/10/96
	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS IN 12
TITLE	DELETE	11 TITL	P	, D		Change X Addition
NAME		1.2 NAM		linton Greyling		
STREET ADDRESS		1 3 STR	EET ADDRESS 1	501 Corporate Drive,	#260	
CITY - ST - ZIP	DELETE			oynton Beach, Florida	-3342€	Change XX Addition
TITLE	[DETEN	2 1 TITU 2 2 NAN	1 5	, T	L.	_ Change AX Addition
NAME STREET ADDRESS			114	ary Duncan 501 Corporate Drive,	#260	
CITY-SI-ZIP				our corporate Drive, oynton B≥ach, Florida		
TITLE	DETELE	3 1 TITL		oynton Bach, Fiorida	->3426	Change Addition
NAME		3 2 NAN	16.			
STREET ADDRESS		3 3 STR	EET ADORESS			
CITY - ST - ZIP	- Origin		Y - ST - ZIP		· ———	Change Addition
HILE	DELETE	4 1 Tift 4 2 NA	1		L	Change Addition
NAME STREET ADDRESS			eet address			
			-ST-ZIP			
CITY-ST-ZIP TITLE	DELETE	5 1 1170				Change Addition
NAME		5 2 NAM	Œ	70 00018:	808	57
STREET ADDRESS		53STR	EE1 ADDRESS	7000018: -07/01/9601	0540	21 ,
CITY - ST - ZIP		5 4 CIT	(-ST-ZIP	***225.00		<i></i>
TOTLE	DEFELE	6 1 111.			L.	.j Charge Addition
NAME		6 2 NAM			6	
STREET ADDRESS			FET ADDRESS		B	X
CITY-S1-7IP 14. I do hereby certify that the information supplie	ed with this filing is voluntarily	fure-shed an	r-S1-ZIP d does not qua	lify for the exemption stated in Section	119 07(3)(k) Florida Statutes T
butther certify that the information indicated or	i this annual report or supple	mental annua	al report is true :	and accurate and that my signature sha	ali nave tne :	same legal ettect as it -
made under oath; that I am an officer or direct that my name appears in Block 12 or Block 13	if changed, or on an ariachn	nent with an a	ddress	and an action of the part of the part of the		(407)
SIGNATURE: Sintan	The Vien		Clint	ton Greyling, Preside	nt 6/1	