

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

PROFIT CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS



FILED

97 SEP 29 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *PA00000005418*  
1. Corporation Name  
*Spirit Adventures Inc.*

Principal Place of Business  
*Miami Beach, FL 33140*

Mailing Address  
*3611 Collins Av. # 217*

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	<i>/</i>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

*Christa Trachsler*  
*3611 Collins Av. # 217*  
*Miami Beach, FL 33140*

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
*FL*

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 date of registration

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8.17.97* *305-6744477*

CR2E034 (9/96)

Attn: the Assistant of  
Mrs. Sandra B. Mortham,  
Secretary of State  
Florida Department of State  
Division of Corporations  
P.o box 6327  
Tallahassee, FL 32314



**SPIRIT ADVENTURES**  
shamanistic travel

Ref.: SPIRIT ADVENTURES INC., Document # P96000005418

Miami, June 13, 1997 + July 27th 97

Dear Sir, Madam,

I would like to hereby enter a plea for exoneration of penalty imposed on late filing for Profit Corporation Annual Report past May 1, 1997, for the reasons exposed herein, along with enclosed explanations and evidence.

- I am a travel agent and I organize tours of the US for European tourists. To that end, I have registered my company here in the US,
- I left this country for Mexico on or about mid of January 1997, with intention to go thenceafter to Switzerland which I reached by beginning of February,
- My girl-friend then received the 1997 tax form, which she forwarded to Switzerland on or about end of March,
- By the time it arrived in Switzerland, I had already left (April 23) the country to organize a tour with the Lakota Indian tribe in South Dakota, returning to Miami on or about end of May current,
- The form was thus forwarded again to me in the US, and got to my Miami address only yesterday; June 12, with consequence that the limit date of May 1 is well over expired,
- In light of the explanations submitted above, I will respectfully ask you to lift the imposed increased fee and penalty of \$550, and consider me liable only for the regular payment of \$165,
- Please find enclosed a copy of my tax return and available proofs pending your decision, thanking you for informing me of my dues for 1997 tax.

By the same token, I notice that I have no FEI number, and I wonder if you would kindly indicate to me how to proceed to obtain such. Thanking you, and in advance, I remain,

Yours truly,

Christa Trachsler,  
SPIRIT ADVENTURES, Inc.

Tel. + Fax USA 305/674 4477  
Tel.-Schweiz 01/ 241 78 01  
Fax-Schweiz 01/ 241 82 31

Please find cheque of \$165.-