

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

FILED  
Mar 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000008899 (2)

1. Corporation Name  
TIA IARA TOUR AND TRADING COMPANY



Principal Place of Business  
332 WINDFORD COURT  
WINTER GARDEN FL 34787

Mailing Address  
332 WINDFORD COURT  
WINTER GARDEN FL 34787-6061

3. Date Incorporated or Qualified 01/25/1996  
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-336 0448  
Applied For Not Applicable

21 State, Apt. #, etc.

26 State, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENDONCA, IARA MARIA P  
332 WINDFORD COURT  
WINTER GARDEN FL 34787

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 607.0507 and 607.1506, 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 understand the obligations of Section 607.005, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date] (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDONCA, IARA MARIA P	1.2 NAME	
STREET ADDRESS	332 WINDFORD COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER GARDEN FL 34787	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDONCA, MARCELLO	2.2 NAME	
STREET ADDRESS	332 WINDFORD COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER GARDEN FL 34787	2.4 CITY - ST - ZIP	
TITLE	TSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, ROSANA M	3.2 NAME	
STREET ADDRESS	11003 ASHBOURNE CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33624-5201	3.4 CITY - ST - ZIP	
TITLE		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		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		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 and in an attachment with an address.

SIGNATURE: [Signature] DATE: [Date] DAYTIME PHONE: [Number]

CR2E034 (9/96)