

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

FILED
Apr 15 1998 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1998

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **11003 ASHBOURNE CIR.**

22 City & State

27 **TAMPA FL**

24 Zip

25 Country

29 **33624**

30 Country

3. Date Incorporated or Qualified
01/25/1996

4. FEI Number
59-3360448

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 607.0502 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 FEI (Applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PD MENDONCA, IARA MARIA P**
 STREET ADDRESS **332 WINDFORD COURT**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VD MENDONCA, MARCELLO**
 STREET ADDRESS **332 WINDFORD COURT**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **TSD COSTA, ROSANA M**
 STREET ADDRESS **11003 ASHBOURNE CIRCLE**
 CITY-ST-ZIP **TAMPA FL 33624-5201**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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)(j), 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:

(813)963-1708

CR2E034 (10/97)