

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg. 10/2

97 AUG 13 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **P96000017815 (7)**

1. Corporation Name
ZAMBO'S TRAVEL TOURS INC.

| | |
|---------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business 10928 SW 71 LANE MIAMI FL 33173 | Mailing Address 10928 SW 71 LANE MIAMI FL 33173 |
|---------------------------------------------------------------------------|---------------------------------------------------------------|

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

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified 02/27/1996 | 3a. Date of Last Report |
| 4. FEI Number 65-0660001 | Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**ALMONTE, CARLITA
10928 SW 71 LANE
MIAMI FL 33173**

| |
|-------------------------------------------------------|
| 10. Name and Address of New Registered Agent |
| 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 understand with this appointment, I assume the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed name and title of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VSD |
| STREET ADDRESS | ALMONTE, SIMON M |
| CITY-ST-ZIP | 10928 SW 71 LANE MIAMI FL 33173 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PTD |
| STREET ADDRESS | ALMONTE, CARLITA |
| CITY-ST-ZIP | 10928 SW 71 LANE MIAMI FL 33173 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

800002270288-02
-08/18/97--01135-1020
*****165.00 *****165.00

A. Alamo
8/13/97

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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13 if changed. (NOTE: Attachment with this address)

CR2E034 (4/97)

2012

Zambo's Travel Tours, Inc
10300 Sunset Dr
No. 417
Miami, Fl 33173

Secretary of State
Annual Reports Election
P O Box 1500
Tallahassee, Fl 32302-1500

August 1st, 1997

Ref: Annual Report

Dear Sir/Madam:

I am enclosing you a new check for the original amount of \$ 165.00 dollars because I never gat it back from you. My first report was sent out to the wrong address but even though it was sent on time. Secretary of State sent it back to me because a FIDN missing and I sent it back immediately. Then I received another notice saying that it was never received that is when I call and a lady toll me to sent a letter explaining what happen with a check for \$ 165.00.

Please if you have any question do not hesitate to call me.

Very Truly Yours,

Carlita Almonte