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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021458

1. Corporation Name

INDAIA AMERICAN TOURS, INC.

Principal Place of Business		Mailing Address
	7	

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90082 007 ***150.00



150 SE 2 AVE					O SE 2 AVE STE 905			.		
-MIAMI-FL-3313				MI	AMI: FL-33131		فيتبت			DO NOT WRITE IN THIS SPACE
										3. Date Incorporated or Qualifed 03/08/1996
2. Principal Place of Business 2a. Mailing Address			-n				4. FEI Number Applied For			
21				26	•					65-0650942 Not Applicable
Suite, Apt.	#. etc.				Suite, Apt. #, etc.			_		_ \$8.75 Additional
22				27						5. Certifcate of Status Desired Fee Required
City & Stat	e			28	City & State					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip		Country			Zip	Cou	intry			8. This corporation owes the current year Intangible
24	آءَ آءَ	25		29		30				Personal Property Tax. Yes No
			s of Current F	_			1			10. Name and Address of New Registered Agent
		<u> </u>					81	N	lame	
MAF	RTINS, ADRIA	ANA R						ļ_		
150 SE 2 AVE STE 905					ddress (P.O. Box Number is Not Acceptable)					
	MI FL 33131						83	+-		- 100 - 100
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							84	С	ity	EI 85 Zip Code
	· /	<u> </u>					L	1_		
11. Pursuant	toffne:provisio	or both	n the State of	and 6 Florid	607,1508, Florida Statute	s <u>-,the</u> .a	iboye d by	e-na	emed co	orporation submits this statement for the purpose of changing its registered ation's poard of directors. I hereby accept the appointment as registered
agent. I a	m familiar with	n, and accer	t the obligation	ns of	, Section 607.0505, Flori	ida Stat	utes	3.	00.60	
SIGNATURE	Volucio	KILY 1	artis							
SIGNATURE	Signature, typed or	r printed name of	registered agent ar	nd title	if applicable (NOTE:	Registered	Agen	nt sign	nature requ	uired when reinstating) DATE
12.		OF	FICERS AND	DIRE	CTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD				☐ DELETE	1,1 TI	TLE			☐ Change ☐ Addition
NAME	MARTINS,	ADRIANA	R			1.2 N	AME			·
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NAME			· · · · · · · · · · · · · · · · · · ·	- 		·4.2 N	AME.			
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CITY. ST. 710						6.4 C	ITY-S	ST-ZIF	Р	ľ

14. I 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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

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