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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90086 025 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000021524

1. Corporation Name
NET TOURS, INC.

Principal Place of Business
7177 S.W. 117 AVE.
MIAMI FL 33183

Mailing Address
7177 S.W. 117 AVE.
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1996

4. FEI Number

65-0647630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4343 COLLINGS AVE

Suite, Apt. #, etc.

22 City & State

23 Miami Beach FL

24 Zip 33140 Country

2a. Mailing Address

26 4343 COLLINGS AVE

Suite, Apt. #, etc.

27 City & State

28 Miami Beach FL

29 Zip 33140 Country

9. Name and Address of Current Registered Agent

UWEYDA, AOUS
7177 S.W. 117 AVE.
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name

Stella M Vezzoso

82 Street Address (P.O. Box Number is Not Acceptable)

525 Meridian AVE

83 Suit 301

84 City Miami Beach

FL

85 Zip Code

33139

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

Stella Vezzoso

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/99

12. OFFICERS AND DIRECTORS

TITLE VPST ☒ DELETE

NAME UWEYDA, AOUS
STREET ADDRESS 7177 S.W. 117 AVE.
CITY-ST-ZIP MIAMI FL 33183

TITLE D ☒ DELETE

NAME AOUIDA, AMMAD
STREET ADDRESS 9804 SW 125 TERRACE
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Duda, Ammad ☐ Change ☐ Addition

1.2 NAME P.O. Box 833064
1.3 STREET ADDRESS Miami, FL. 33283-3064
1.4 CITY-ST-ZIP

2.1 TITLE VSTD ☐ Change ☐ Addition

2.2 NAME Jorge M Vezzoso
2.3 STREET ADDRESS 525 Meridian AVE
2.4 CITY-ST-ZIP Miami Beach 33139

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

Daytime Phone #

CR2E034 (1/1/98)