2000 UNIFORM BUSINESS REPORT (UBR)	
DOCUMENT # P9600027803,	
FLORIDA TRANSTOURS I	
Principal Place of Business Mailing Address	OI FEB 20 PM 2: 35
108 N.W 48 Ave 108 N.V	
	FL. 33126  SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business 108 N. W 48 Ave 108 N. W 48	Are MAI URR
Suite, Apt. #, etc.  (REAR)  Suite, Apt. #, etc.	OD DO NOT WAITE IN THIS SPACE
City & State MIAM1 FC City & State MIAM1 FC	4. FEI Number
33126 DADE 33126 D	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent Name
321 N.W 63 AVE . MIG FC.	Street Address (P.O. Box Number is Not Acceptable)
33126	
	City FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	
SIGNATURE PRESIDENT  (inflowfile typed or printed name or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
9 This confidention is elicible to satisfy its intancible FILE NOWILL SEE IS \$150.00	
Tax filing requirement and elects to do so.  (See criteria on back)  After MAY 1, 2000 Fe Make Check Payable to	e will be \$550.00 Trust Fund Contribution. Added to Fees
11. COFFICERS AND DIRECTORS) 12	
	TLE
STREET ADDRESS LOG N. W 49 AVE	REET ADDRESS -02/28/0101024003   \$
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	TLE Change Addition
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	TY-ST-ZIP Change Addition
NAME NA	ME
	REET ADDRESS IY-ST-ZIP
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: ESCAR E HERRERA PRESIDENT 12/20/00  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Dayling Phone #	



## FLORIDA TRANSTOURS, INC.

"Exclusive 24 Hour On Call Private Shuttle and Tour Services"

October 19, 2000

CORPORATE RECORDS BUREAU

P.O.BOX 6327 Tallahassee Fl. 32314

Dear Sir or Madam:

I am sending you this letter to let you know the change of address of my company under the name of "Florida Transtours Inc.", document number: P96000027803.

Previous Address:

"Florida Transtours Inc."

730 N.W. 24 Ct. Miami Fl. 33125

New Address:

"Florida Transtours Inc."
108 N.W. 48 Ave. (rear)

Miami Fl. 33126

I realized that my company was dissolved last month in September due to the fact that we moved to a new location (see new address above), consequently, I never received the annual report notice, which I deeply apologize for such inconvenience.

Administrative Dissolution, and a new fee of \$750.00 has been applied on my corporation, I would very much appreciate it, and I would be deeply thankful if you would apply a "waiver", and reinstate my corporation.

Attached, find the regular money order fee of \$150.00 for its reinstatement.

Thank you very much for your time, and cooperation in this matters

Edgar Herrera

President

108 N.W. 48 Ave. Miami Fl. 33126 Ph/Fax (305) 265-2106 Cell. (305)992-4863 Beeper (305)659-4730 e-mail: edsoft@bellsouth.net