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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600034908 (9)

FLORIDA-ISLANDS TOURS, INC.

FILED May 15 1997 8:00am Secretary of State



Principal Place 4390 8W 154T MIAMI FL 3318	H PLACE	Mailing Address 4390 SW 154TH PLACE MIAMI FL 33185-5203		! 1691400 III 30110 CITI CITIC DEIRI DONI DI III II CITIC DEIRI DONI DONI DONI DONI CON IDEN		
				3. Date Incorporated or Qualified 04/19/1996	3a. Date of La	ist Report
21 5718	lace of Business 0 SW 56 Ter	2a. Mailing Address 26 57 (0 S ω)	56 Ter	4. FEI Number (05 - 06920	34	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional e Required
City & State	iAMI.FC	City & State 28 MILLO	れ	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip 331	43 Country 25		Country 30 USA		Yes 🛭 No	der s. 199.032,
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Reg	distered Agent	
439	/EKH, HASSAN 0 SW 154TH PLACE MI FL 33185		82 Street Add 5-7 83	ress (P.O. Box Number is Not Acceptable D SW 56 Len		Zip Code 33/43
11. Pursuant office or reagent. I a	to the provisions of Sections 607.056 egistered agent, or both, in the State on familiar with, and accept the oblig signature, typed or printed name of registered agents.	o of Florida. Such change was a pations of, Section 607.0505, Flor pations of Section 607.0505, Flor	is, the above-named cor uthorized by the corpora rida Statutes. Registered Agent signature requ	poration submits this statement for the pi tion's board of directors. I hereby accep tred when reinstating)	urpose of changi I the appointmen	ng its registered it as registered
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
NAME STREET ADDRESS	PSD DAYEKH, HASSAN 4390 SW 154TH PLACE MIAMI FL 33185	∐ DELETE	1.1 TILE 1.2 NAME 1.3 STREET ADDRESS	5710 3W 66T	Ucha ex (4-3	nge 🖸 Addition
CITY-ST-ZIP TITLE NAME		DELETE	1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME	. , , , , , , , , , , , , , , , , , , ,	☐ Cha	nge Addition
STREET ADDRESS CITY-ST-ZIP			2 3 STHEET ADDRESS 2 4 DITY-ST-ZIP			
NAME STREET ADDRESS		☐ DEFELE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		∟ Cha	nge L. Addition
CITY-ST-ZIP	(DELETE	3.4. CITY - S1 - ZIP		Cha	nge Addition
NAME STREET ADDRESS CITY-ST-ZIP	·	—	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZP			
TITLE NAME		DELETE	51 TITLE 5.2 NAME		☐ Cha	nge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Cha	nge Addition
NAME STREET ADDRESS CITY-ST-ZIP		1	6.2 NAME 6.3 STREET ADDRESS 6.4 (CITY - ST - ZIP			
CITY-ST-ZIP	by certify that the information supplied in indicated on this annual report or efficer or director of the corporation of the Block 12 or Block 13 if changed	ed with this filling does not qualify synothinental annual report is tr and receiver or trusted empower on an attachment with an add	6.4 DITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal ort as required by Chapter 607, Florida St	s. I further certify effect as if mad latutes; and that	that the e under oa my name