FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2002 8:00 am Secretary of State

DOCUMENT # P96000051 44	9	05-15-2002 90102 012 ***150.00
O.T.T TOURS & TRANSPORTA	RION, INC.	
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2. Principal Place of Business 5286 CORAL COURT Suite, Apt. #, etc. 3. Mailing Address 5286 (Suite, Apt. #, etc.	CORAL COURT	DO NOT WRITE IN THIS SPACE
City & State ORLANDO - FLORIDA ORLANDO	NDO-FLORIDA	4. FEI Number 59 - 3385841 Applied For Not Applicable
32811 : Country Zip 32811	Country	5. Certificate of Status Desired See Required Fee Required
	Name C	7. Name and Address of Current Registered Agent MA S 1.0 = 1.0 = 1.0
DO NOT WRITE	Street Address (P	P.O. Box Number is Not Acceptable)
IN THIS SPACE	5286	CORAL COURT
A color opposition of the contraction of a color individual for the color of the co	City ORLI	ANDO FL 35811
8. The above named entity submits this statement for the purpose of ch		ed agent, or both, in the State of Florida.
SIGNATURE	(NOTE: Registered Agent signature required	when (enstation) OATE
Signeture, typed or printed name of registered agent and atte if applicable.	ery 1 May 1 Fee 1s \$150.00	
Tax filing requirement and elects to do so.	iter May 1, Fee is \$551.00 Amended UBR is \$61.25 ck Payable to Department of State	
11. OFFICERS AND DIRECTORS	and the first transfer of the first transfer	and the time of the time is a control of the time of time of the time of time of the time of time of time of the time of the time of the time of the time of time
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STREET ADDRESS CITY-ST-ZIP SD86 CORAL COURT	CITY-ST-ZIP	്രാൻ പ്രവേശ് എങ്ങില് പ്രവേശന് വ്യാത്യാര്യവ് വരുന്നു. വരുന്നു വരുന്നു വരുന്നു വരുന്നു വരുന്നു വരുന്നു വരുന്നു വ പ്രവേശന് ഇപ്പെട്ടിൽ പ്രവേശന് പ്രവേശന് പ്രവേശന് വരുന്നു വരുന്നു വരുന്നു വരുന്നു വരുന്നു. വരുന്നു വരുന്നു വരുന്ന പ്രവേശന് പ്രവേശന് വരുന്നു വരുന്നു വരുന്നു വരുന്നു വരുന്നു വരുന്നു വരുന്നു. വരുന്നു വരുന്നു വരുന്നു വരുന്നു വരു
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13. I hereby certify that the information supplied with this filing does no	Lift Cally are properties stated in So	ection 119 07/3V() Florida Statutes I further certify that the information
indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute	and that my signature shall have the s e this report as required by Chapter 60	same legal effect as if made under oath; that I am an officer or director 107, Florida Statutes; and that my name appears in Block 11 or on an
attachment with an address, with all other like empowered. SIGNATURE:	18	04/25/02 407-468-4937
SIGNATURE: Mana Mua	4/.	0-1/20/02 -10/-40x-433/