

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000059564 (0)**

1. Corporation Name
T.P.S. TOURS, INC.

Principal Place of Business

**13771 S.W. 24TH STREET
DAVIE FL 33325**

Mailing Address

**13771 S.W. 24TH STREET
DAVIE FL 33325**

FILED
97 SEP 15 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1996		3a. Date of Last Report	
21		26		4. FEI Number 65-0684096		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LACERDA, CARLOS 13771 S.W. 24TH STREET DAVIE FL 33325				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLO, ANA	1.2 NAME	
STREET ADDRESS	13771 S.W. 24TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULZ, JULIANA	2.2 NAME	
STREET ADDRESS	13771 S.W. 24TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULZ, CARLOS	3.2 NAME	
STREET ADDRESS	13771 S.W. 24TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACERDA, CARLOS	4.2 NAME	
STREET ADDRESS	13771 S.W. 24TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)



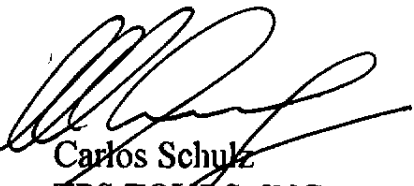
September 15th, 1997.

FLORIDA DEPARTMENT OF STATE
ATTN. TO LESLIE SELLERS
DOCUMENT SPECIALIST
REF. Letter Number : 697A00044196

As we agreed on the phone , we are mailing here the fee of \$165.00 to file the Profit Corporation Annual Report, and the reason why we are not mailing the late fee is because we didn't receive the First Notice, and being this our first year we were not aware of that.

Thank you for your attention and understanding, and please do not hesitate to contact us if you have any question or need any other information.

Sincerely yours,



Carlos Schulz
TPS TOURS, INC.
Number. P96000059564

T.P.S. TOURS, INC. - 13771 SW 24th Street - Davie - Fla. - 33325 - USA
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Internet e - mail thirdpartysolutions@msn.com