

42497 B-5322C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000069475 (7)**

1. Corporation Name  
**T.S. TOURIST SERVICES, INC.**

Principal Place of Business <b>2080 S. OCEAN DR. HALLANDALE FL 33009</b>	Mailing Address <b>2080 S. OCEAN DR. HALLANDALE FL 33009-6803</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/19/1996</b>		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>65-0688494</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>PADTBERG, GABRIELE 3177 S. OCEAN DR. #307 HALLANDALE FL 33009</b>				10. Name and Address of New Registered Agent			
81. Name <b>PADTBERG, GABRIELE</b>				82. Street Address (P.O. Box Number is Not Acceptable) <b>17021 NORTH BAY RD #605</b>			
83. City				85. Zip Code <b>33160</b>			

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 *Gabrielle Padtberg* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>KALKHOFFER, WERNER</b>				1.2 NAME			
STREET ADDRESS <b>3177 S. OCEAN DR. #307</b>				1.3 STREET ADDRESS <b>17021 NORTH BAY RD #605</b>			
CITY-ST-ZIP <b>HALLANDALE FL 33009</b>				1.4 CITY-ST-ZIP <b>NORTH MIAMI BEACH FL 33160</b>			
2. TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>PADTBERG, GABRIELE</b>				2.2 NAME			
STREET ADDRESS <b>3711 S. OCEAN DR. #307</b>				2.3 STREET ADDRESS <b>17021 NORTH BAY RD #605</b>			
CITY-ST-ZIP <b>HALLANDALE FL 33009</b>				2.4 CITY-ST-ZIP <b>NORTH MIAMI BEACH FL 33160</b>			
3. TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
4. TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
5. 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			
6. 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, unchanged, or on an attachment with an address.

SIGNATURE: *S. Padtberg* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 14, 97 (954) 458-6666  
Date Daytime Phone #

CR2E034 (9/96)