FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

MIAMI FL 33179-2720

2a. Mailing Address

City & State

Zıp

Suite, Apt. #, etc.

26

27

28

29

20165 NORTH EAST 16TH PLACE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

MIAM! FL 33179

21

22

23

24

20165 NORTH EAST 16TH PLACE

2. Principal Piace of Business

Suite Apt # etc

SIGNATURE:

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000070492 (9)

FIRST CLASS TICKETS & TOURS, INC.

Country

25

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHEFTER, RICHARD 20165 NORTH EAST 16TH PLACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33179** 83 84 City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change THEF 1.1 TITLE SCHEFTER, RICHARD 1.2 NAME NAME 20165 NORTH EAST 16TH PLACE 1.3 STREET ADDRESS STREET ADORESS **MIAMI FL 33179** 1.4 CITY-ST-ZIP CITY-ST-201 DELETE Change Addition TITLE 21 TITLE BERG, HOWARD NAME 2.2 NAME 1522 PONCE DE LEON BOULEVARD 2.3 STREET ADDRESS STREET LABOURESS **CORAL GABLES FL 33134** 2. 4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition THLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP Off-St-ZP Change Add-tion □ DELETE TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Cify - ST - ZIP Change Addition ☐ DELETE THE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE THUE 6.2 NAME MAME STREET ADDRESS 6.3 STREET ADDRESS CHTY - 51 - ZIP 6.4 CITY-ST-ZIP 14. To hereby certify that the information supplied with the 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 supplied ental 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 componation or the eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of the appears in Block 12 or Block 12

Country

30

May 28 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable



Yes No

8. This corporation has liability for intangible tax under s. 199.032,

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

08/16/1996 4. FEI Number