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FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000071932 (3)**

1. Corporation Name

TROPICAL TRAVEL & TOURS, INC.

Principal Place of Business
**2200 NORTH FORSYTH ROAD
ORLANDO FL 32807**

Mailing Address
**2200 NORTH FORSYTH ROAD
ORLANDO FL 32807-5325**



2. Principal Place of Business

21 Suite, Apt. #, etc.
Suite A-9
22 City & State
ORLANDO FL
23 Zip
32807
24 Country
USA

2a. Mailing Address

26 Suite, Apt. #, etc.
Suite A-9
27 City & State
ORLANDO FL
28 Zip
32807
29 Country
USA

3. Date Incorporated or Qualified

08/26/1996

3a. Date of Last Report

4. FEI Number

59-3397418

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**LLERAS, ALEXANDRA
2200 NORTH FORSYTH ROAD
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LLERAS, EDWIN	
STREET ADDRESS	2248 STONINGTON AVENUE	
CITY - ST - ZIP	ORLANDO FL 32817	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ANTONIO J	
STREET ADDRESS	1033 SEMORAN BOULEVARD	
CITY - ST - ZIP	CASSELBERRY FL 32707	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COLON, AURORA	
STREET ADDRESS	2248 STONINGTON AVENUE	
CITY - ST - ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S Lleras, Alexandra
4.3 STREET ADDRESS	2248 Stonington Avenue
4.4 CITY - ST - ZIP	Orlando, FL 32817
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Alexandra Lleras*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 (407) 671-7124
Date Daytime Phone #

0086326

CR2E034 (9/96)