

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000079549 (7)

1. Corporation Name

USA TRANSPORTATION & TOURS, INC.



Principal Place of Business

7512 DR PHILLIPS BLVD. SUITE 152
ORLANDO FL 32819

Mailing Address

7512 DR PHILLIPS BLVD. SUITE 1
ORLANDO FL 32819-5100

3. Date Incorporated or Qualified

09/23/1996

3a. Date of Last Report

—

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

☒ 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

CRUZ, WILSON

7512 DR PHILLIPS BLVD, SUITE 152
ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

85

Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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: Fictitious signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CRUZ, WILSON
7512 DR PHILLIPS BLVD, SUITE 152
ORLANDO FL 32819

☐ DELETE

1.1
1.2
1.3 ADDRESS
1.4 ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1
2.2
2.3 ADDRESS
2.4 ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1
3.2
3.3 ADDRESS
3.4 ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1
4.2
4.3 ADDRESS
4.4 ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1
5.2
5.3 ADDRESS
5.4 ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1
6.2
6.3 ADDRESS
6.4 ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for 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 correct 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-97 407-345-1061

CR2E034 (9/96)