


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

APPROVED pg. 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---------------------------------------	---	--

97 SEP 29 AM 11:23

DOCUMENT # P9600009441  
1. Corporation Name ACE TRAVEL & TOURS, INC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
7137 COLLINS AVE MIAMI BEACH, FL 33141

3. Date Incorporated or Qualified 11-17-1996 3a. Date of Last Report

2. Principal Place of Business 21 <u>7137 COLLINS AVE</u> Suite, Apt. #, etc. 22 City & State 23 <u>MIAMI BEACH FLORIDA</u> Zip Country 24 <u>33141</u> 25 <u>U.S.A</u>	2a. Mailing Address 26 <u>7137 COLLINS AVE N.B. FL.</u> Suite, Apt. #, etc. 27 City & State 28 <u>MIAMI BEACH FLORIDA</u> Zip Country 29 <u>33141</u> 30 <u>U.S.A</u>	4. FEI Number <u>F650529157</u> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	--

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABNER SCHONWELTER  
13580 S.W. 67th AVE  
MIAMI FL 33156

81 Name ZVI GOOTMANN  
82 Street Address (P.O. Box Number is Not Acceptable)  
16750 N.E. 10 AVE # 126  
83  
84 City NORTH MIAMI BEACH FL 85 Zip Code 33162

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] (NOTE: Registered Agent's 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	<u>ABNER SCHONWELTER</u> <u>13580 SW 67th Ave</u> <u>MIAMI FL 33156</u>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<u>ZVI GOOTMANN</u> <u>16750 NE 10th Ave #126</u> <u>NORTH MIAMI BEACH FL 33162</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>NP</u>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

400002308734-5  
-10/01/97-01074-002  
\*\*\*\*165.00 \*\*\*\*165.00

[Signature]  
9/29/97

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: [Signature]  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/97 305-8660504  
Date Daytime Phone

CR2E034 (9/96)



## Travel & Tours

7137 Collins Avenue  
Burleigh House, Ground Floor  
Miami Beach, FL 33141

Telephone (305) 866-0504  
Fax (305) 866-0509  
E-mail: [TravelAgency@juno.com](mailto:TravelAgency@juno.com)

September 10, 1997

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern;

Per my conversation with Brad, I would like to inform you  
that we did not receive the first notice for filing.  
We are enclosing a check for \$165.00 at this time.

Thank you for your assistance in this matter.

Sincerely,

Rachel Heres

A handwritten signature in cursive script that reads 'Rachel Heres'.