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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000013757** 1. Corporation Name

NEXTOUR TRAVEL INC.

		•												
Principal Place	of Business	Mailing Address					•	1881199) (48)8()		#111 BES11 B				
7061 GRAND NA	7061 GRAND NATIONAL DR	NATIONAL DR												
107-A		107-A				DO NOT WRITE IN THIS SPACE								
ORLANDO FL 32819 ORLANDO FL 32819 US US						ŀ	3. Date Incorporated or Qualifed							
US		00				ł		9/1997	V. —-					
2 Principal Pi	ace of Business	2a. Mailing Address					4. FEI N					П	Apı	olied For
—, ·	ace of Edsiress	26					59-3	426078						Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		`		~ -			- Di-		<u> </u>	\$8.	75 A	dditional
22		27					5. Ceruic	ate of Status	s Desi	ed L		F	ee Re	quired
City & State	9	City & State					6. Election	on Campaigr	Finar	cing _F	٦	\$5	.00	May Be
23		28					Trust	Fund Contrib	ution			Ad	ided t	Fees
Zip	Country	Zip	Coun	itry				orporation o		e current	year Inta			
24	25	<u> </u>	30					nal Property				☐ Ye	5	□No
	9. Name and Address of Current	Registered Agent		04			10. Name	and Addre		$\overline{}$	istered A	Agent		
con	74 DALII O D		1	81	Name	50	UZA	PAU	10	\mathcal{K}_{\cdot}				
SOUZA, PAULO R				82	Street /	Address	(P.O. Bo	x Number is	Not A	centable)			
	ST. ANDREWS CIR		-	_	194	9	<u>ST. /1</u>	NOBEW	77	CIR.				
OKD	ANDO FL 32811			83										
1			Ī	84	City _ ,	D 1 10				-		85	Zip (ode
					0/	<u>RIA</u>	<u> </u>				FL			2835
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	t Florida, Such change was au	thorized	by tr	named ne corpo	corpora oration's	board of	directors. I h	nereby	accept th	he appoi	ntment	as reg	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if annicable (NOTE: (Registered A	Agent s	agnature re	required wh	en reinstating	1)			DATE			
12.	OFFICERS AND		13.	·	-			ONS/CHAN	GES T	O OFFIC	ERS AN	D DIR	ECTO	RS IN 12
TITLE	V	☐ DELETE	1.1 TITL	Æ								Ch	ange	☐ Addition
NAME	DE SOUZA, PAULO H		1.2 NA	νE	İ									
STREET ADDRESS	7949 ST. ANDREWS BLVD.		1.3 STF	REETA	DDRESS									
CITY-ST-ZIP	ORLANDO FL 32835	•	1.4 CIT	Y-ST-	ZIP								_	
TITLE	V	▼ DELETE		2.1 TITLE V		VP						C	ange	Addition
NAME	ZSELINSZKY, WILLIANS	INSZKY, WILLIANS		2.2 NAME Z		7 41	oci M	. COTI	7S					
STREET ADDRESS	5120 CONROY RD. #521	-	. 2.3 STF	REETA	DDRESS	97	67	BOHAR	T C	CŢ.		ت	-م.	
CITY-ST-ZIP	ORLANDO FL 32811		2. 4 CIT	ry-st-	ZIP	OR	IDINDI	. COTI BOHAR O FL.	32	236				
TITLE	P	☐ DELETE	3.1 TIT	LE								Cr	ange	☐ Addition
NAME	E SOUZA, PAULO R		3.2 NA	3.2 NAME										
STREET ADDRESS	7949 ST. ANDREWS CIR		3.3 STF	REETA	DDRESS									
CITY-ST-ZIP	ORLANDO FL 32835		3.4. CIT	IY-ST-	ZIP									
TITLE	VP	DELETE	4.1 TIT	LE								C	nange	☐ Addition
NAME	ZARCI M. COTIAS	• •	4. 2 NA	ME		1								
STREET ADDRESS	9767 BOHART CT.		4.3 ST	REETA	DDRESS									
CITY-ST-ZIP	9767 BOHART CT. ORLANDO FL 328	36	4.4 CIT	Y-ST-	ZIP									
TITLE		☐ DELETE	5.1 TITI	LE								C	nange	☐ Addition
NAME			5.2 NA	ME										
STREET ADDRESS			5.3 ST	REETA	ODRESS									
CITY-ST-ZIP		<u> </u>	5.4 CIT		ZIP									
TITLE	4 , 50 000	☐ DELETE	6.1 TITI									다	nange	☐ Addition
NAME			6.2 NA											
DTDEET ADDRESS	[전 19 - 2과(# WED)		6.3 ST	REETA	ODRESS	1								

CITY-ST-ZIP 14. I 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, with all other like empowered.

SIGNATURE:

| Date | Daytime Phone #

6.4 CITY-ST-ZIP

STREET ADDRESS