

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90009 036 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000039577

1. Corporation Name

GLOBAL TOURIST SERVICES, INC.



Principal Place of Business

**1101 BRICKELL AVENUE #200
MIAMI FL 33131**

Mailing Address

**1101 BRICKELL AVENUE #200
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

2. Principal Place of Business

21 1160 NW 159 Drive

2a. Mailing Address

26 1160 NW 159 Drive

4. FEI Number

65-0749550

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Miami, Florida

City & State

28 Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33169

Country

25 Dade

Zip

29 33169

Country

30 Dade

8. This corporation owes the current year
Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**JAMES DICKEY
1101 BRICKELL AVE #200
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

James RC Dickey

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

1160 NW 159 Drive

83

84 City

Miami

FL

85 Zip Code

33169

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME
PTD
ESQUENAZI, JOEL
STREET ADDRESS
1101 BRICKELL AVENUE #200
CITY-ST-ZIP
MIAMI FL 33131**

TITLE ☒ DELETE

**NAME
VSD
BAUGH, LARRY R JR
STREET ADDRESS
1101 BRICKELL AVENUE #200
CITY-ST-ZIP
MIAMI FL 33131**

TITLE ☐ DELETE

**NAME
T
DAVID LANGLE
STREET ADDRESS
1101 BRICKELL # 200
CITY-ST-ZIP
MIAMI FL 33131**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME
Esquenazi, Joel
1.3 STREET ADDRESS
1160 NW 159 Drive
1.4 CITY-ST-ZIP
Miami, FL 33169**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

3.1 TITLE ☒ Change ☐ Addition

**3.2 NAME
T
David Langle
3.3 STREET ADDRESS
1160 NW 159 Drive
3.4 CITY-ST-ZIP
Miami, FL 33169**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE REQUIRED in C. Langle 9/13/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)