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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077765 (0)

BEST TICKETS AND TOURS, INC.

FILED
May 08 1998 8:00am
Secretary of State

|--|--|

| Principal Place of Business Mailing Address | | | | | | | | |
|--|---|---------------------------|--------------------|-------------------------|---|---|--|--|
| 2550 NORTHWEST 72ND AVENUE 2550 NORTHWEST 72ND A SUITE 118 SUITE 118 | | | | D AVENUE | | | | |
| MIAMI FL 3 | 3122 | | FL 33122 | | | DO NOT WRITE IN THIS SPACE | | |
| minm to otize | | | | | | 3. Date incorporated or Qualified 09/09/1997 | | |
| 2. Principal Pl | lace of Business | 2a, Mailing | Address | | | 4. FEI, Number Applied For | | |
| 21 | | 26 | 26 | | | Not Applicable | | |
| Suite, Apt. | #, etc. | Suite, | Suite, Apt #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional | | |
| 22 | | 27 | 27 | | | 5. Certificate of Status Desired Fee Required | | |
| City & State | 9 | City & | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | |
| នា | | 28 | F4 | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | | | , | 8. This corporation owes or has paid the current year Intangible | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. X Yes No | | |
| | 9. Name and Address of Curre | nt Registered A | gent | | | 10. Name and Address of New Registered Agent | | |
| D | UARTE, LUIS | | | 61 | Name | | | |
| | 2550 NORTHWEST 72ND AVENUE | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | UITE 118 | - | | | | reet Address (P.O. box Number is Not Acceptable) | | |
| | NAMI FL 33122 | | | 83 | | | | |
| ••• | WW. 1 2 00 122 | | | <u> </u> | L | | | |
| | | | | 84 | City | FL 85 Zip Code | | |
| 11. Pursuant t | to the provisions of Sections 607.05 | 02 and 607 1508 | Florida Statute | es, the abov | e-named o | . • • • • • • • • • • • • • • • • • • • | | |
| office or re | egistered agent, or both, in the Stat m familiar with, and accept the obli | e of Florida, Such | change was a | uthorized b | y the corp | corporation submits this statement for the purpose of changing its registered location's board of directors. I hereby accept the appointment as registered | | |
| | on lamiliar with, and accept the com- | gations of, accilo | III 607.0005, FIC | JIOA SIBIUIO | ъ. | | | |
| SIGNATURE | Signalule Typed or printed name of registered a | onl and tille if applicat | ie (NOTE | E Registered Ag | ont signature | required when reinslating) DATE | | |
| 12. | | NO DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | DPST | | DELETE | 1.1 TOLE | | Change Addition S | | |
| NAME | DUARTE, LUIS | | | 1.2 NAME | | | | |
| STREET ADDRESS | 12825 NORTHWEST 20TH | ST. | | | ADDRESS | 18 | | |
| CITY - ST - ZIP | PEMBROKE PINES FL 330 | | | 1.4 CITY-1 | ŀ | ָרֶּבֶּי בַּיּ | | |
| TITLE | | | DELETE | 2.1 TITLE | 31-EH | Change Addition | | |
| NAME | | | | 2.2 NAME | ſ | | | |
| \$TREET ADDRESS | | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | | | - 1 | | | |
| TITLE | | | DELETE | 2. 4 CiTY- 3.1 TITLE | 91-71L | Change Addition | | |
| NAME | | | | 3.2 NAME | 1 | | | |
| STREET ADDRESS | | | | | T ADDRESS | | | |
| | | | | | | , | | |
| CITY-ST-ZIP TITLE | | | DELETE | 3.4. CITY- | 91- ZP | Change Addition | | |
| NAME | | | - OCCLIC | 4.2 NAME | l | C change I Addition | | |
| | | | | • | í | ł | | |
| STREET ADDRESS | | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | DELETE | 4.4 CITY-1 | SI-ZIP | Change Addition | | |
| TITLE | | | ULU VILLE | 51 TITLE | j | L. Grange L. Adomon | | |
| NAME | | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | | T ADDRESS | | | |
| CITY-SY-ZIP | | | Deciese | 5.4 CITY- | ST-ZIP | | | |
| TITLE | | | DELETE | 6.1 TITLE | 1 | Change Addition | | |
| NAME | | | | 6.2 NAME | - | | | |
| STREET ADORESS | | | | 6.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY - | | | | |
| 14. I hereby o | certify that the information supplied | with this tiling do | es not qualify fo | or the exemp | otion state | d in Section 119.07(3)(i), Florida Statutes. I further certify that the information | | |

officer or director of the corporation of the received 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 of an attachment with an address.

SIGNATURE:

AUDITOR OF THE PROPERTY OF