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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000092213

1. Corporation Name

STREET ADDRESS

TOURIO DAINTINO INC

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90060 030 \*\*\*150.00

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					3. Date Incorporated or Qualifed	i		
					10/27/1997			
lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
•	26			- <del></del>	65-0797509			t Applicable
#, etc.	Suite, Apt. #, etc.				Certificate of Status Desired	П	•	
	27				5. Octineate of cialage bearing		Fee Re	quired
te	- City & State	*,			1	' . □	\$5.00	
	28				Trust Fund Contribution		Added t	o Fees
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		30]				De aletene d'	/	□No
9. Name and Address of Curre	ent Registered Agent		91 8	Nomo	10. Name and Address of New	Registereu	Ayein	
DES ADMITIES	***	[	<b>°'</b>   '	varie				
	•	1	82	Street Addre	ess (P.O. Box Number is Not Accep	table)		
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OF PALM BEACH PL 33403		l'	83					
		1	84 (	City		FI	85 Zip (	Code
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registered agent, or both, in the State	502 and 607.1508, Florida Statute e of Florida. Such change was at	es, the ab uthorized	ove-n by the	iameo corpo e corporatio	n's board of directors. I hereby acco	ept the appoi	ntment as re	gistered
m familiar with, and accept the oblig	pations of, Section 607.0505, Flor	rida Statul	tes.		·			Ì
ım familiar with, and accept the oblig	pations of, Section 607.0505, Flor	nda Statul	tes.					
am familiar with, and accept the oblig	gations of, Section 607.0505, Flor gent and title if applicable. (NOTE:	Registered A	tes.		when reinstating)	DATE		
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Signature, typed or printed name of registered as OFFICERS A D TORRES, ARNULFO 611 EL VEDADO ST.	gent and title if applicable. (NOTE: NND DIRECTORS	Registered A  1.1 TITL 1.2 NAA  1.3 STR	tes. Agent si LÉ ME REET AC	gnature required	when reinstating)	DATE	ID DIRECTO	RS IN 12
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Signature, typed or printed name of registered as OFFICERS A D TORRES, ARNULFO 611 EL VEDADO ST. WEST PALM BEACH FL 3340	gent and title if applicable. (NOTE: NND DIRECTORS  DELETE	Registered / 13. 1.1 TITL 1.2 NA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NA	Agent si LE ME REET AC Y-ST-Z LE	DDRESS	when reinstating)	DATE	D DIRECTO	PRS IN 12
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	country  25  9. Name and Address of Curro RES, ARNULFO EL VEDADO ST. T PALM BEACH FL 33405	e of Business  D ST. CACH FL 33405  Blace of Business  2a. Mailing Address WEST PALM BEACH FL 334  Blace of Business  2a. Mailing Address 2b. Suite, Apt. #, etc. 27  City & State 28  Country 25  29  9. Name and Address of Current Registered Agent  RES, ARNULFO EL VEDADO ST. T PALM BEACH FL 33405	e of Business  D ST. CACH FL 33405  Blace of Business  2a. Mailing Address WEST PALM BEACH FL 33405  Blace of Business  2a. Mailing Address 26  #, etc. Suite, Apt. #, etc. 27  e	e of Business  D ST.  G11 EL VEDADO ST. WEST PALM BEACH FL 33405  Hace of Business  2a. Mailing Address 26  #, etc.  Suite, Apt. #, etc.  27  e	e of Business  D ST.  G11 EL VEDADO ST. WEST PALM BEACH FL 33405  Lace of Business  2a. Mailing Address 26  #, etc.  Suite, Apt. #, etc.  27  e	e of Business  D ST.	Address Distriction of Business Distriction of Distriction o	e of Business  Distriction of Business  Do Not Write in this SPACE  3. Date incorporated or Qualifed 10/27/1997  Iace of Business  2a. Mailing Address 26  #, etc.  Suite, Apt. #, etc.  27  Suite, Apt. #, etc.  27  Country  28  Country  Zip  Country  Zip  Country  Zip  Country  28  30  Suite, Apt. #, etc.  10  Country  Zip  Country  B. This corporation owes the current year Infungible Personal Property Tax.  Yes  9. Name and Address of Current Registered Agent  The Resident of Status Contribution  RES, ARNULFO EL VEDADO ST.  IT PALM BEACH FL 33405  Bate incorporation owes the current year Infungible Personal Property Tax.  Street Address (P.O. Box Number is Not Acceptable)  Bate of Business  Do NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed 10/27/1997  A FEI Number  65-0797509  No  7 10  8 1 Sincorporation owes the current year Infungible Personal Property Tax.  Yes  9. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  RES, ARNULFO EL VEDADO ST.  IT PALM BEACH FL 33405

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: