

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90005 043 ***150.00

DOCUMENT # **P98000031511**

1. Corporation Name

CONSTELLATION TOURS CORP.



Principal Place of Business

145 E. FLAGLER ST. STE. B-2
MIAMI FL 33131

Mailing Address

145 E. FLAGLER ST. STE. B-2
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1998

4. FEI Number

65-0826726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 **255 E. FLAGLER STREET**

2a. Mailing Address

26 **255 E. FLAGLER STREET**

Suite, Apt. #, etc.

22 **SUITE # 82**

Suite, Apt. #, etc.

27 **SUITE # 82**

City & State

23 **MIAMI, FL**

City & State

28 **MIAMI, FL**

Zip

24 **33131**

Country

25 **USA**

Zip

29 **33131**

Country

30 **USA**

9. Name and Address of Current Registered Agent

URIBE, LUZ S
100 KINGS POINT DR. APT. 312
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 **PTD** ☐ DELETE
NAME **URIBE, LUZ S**
STREET ADDRESS **100 KINGS POINT DR. APT. 312**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE **SDV** ☐ DELETE
NAME **VELEZ, BEATRIZ E**
STREET ADDRESS **KARRERA 43C #2 SUR-33 APT. 101**
CITY-ST-ZIP **MEDELLIN, COLOMBIA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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: **X**

REQUIRED

x 07/26/99

305-944-9066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

600070-40003-45
P98000031511
CONSTELLATION TOURS CORP.

255 E. Flagler Street, Suite.82
Miami, FL 33131
[305] 944-9066

July 26, 1999

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

Subject: Constellation Tours Corp.
Document N° P98000031511

Dear Sir or Madam:

This corporation has received a second notice to file 1999 Profit Corporation Annual Report, before gets dissolved on September 15, 1999.

What has prevented this corporation from filing the annual report is that we moved from the 145 E. Flagler Street, Suite.B-2, Miami, to the address shown above on the letterhead by the beginning of February this year. Apparently the post office has delivered all your mail sent to us, to the corporation's original principal address.

Attached find a check on \$ 150.00 to cover the filing fees for the 1998 Profit Corporation Annual Report.

With all the facts presented, I very respectfully request abatement of all penalties, interest, and late fees assessed to our account.

Sincerely;



Luz Stella Uribe
President