May 01, 2003 8:00 am Secretary of State

05-01-2003 90759 050 ***150.00

TCFITTOR

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P98000037463 DOCUMENT

1. Entity Name

KOLIMA TOURS, INC.



Principal Place of Business

Mailing Address

782 N. LE JEUNE ROAD SUITE 447 . MIAMI FL 33126 2. Principal Place of Business		782 N. LE JEUNE ROAD SUITE 447 MIAMI FL 33126				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		. CHECK HERE IF MAK	. CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0834383	Applied For Not Applicable	
Zip	Country	Zip	Country	5, Certificate of Status Desired	\$8.75 Additional Fee Required	
	6Name and Address of Currer	nt Registered Agent			ed Agent	
ASENSIO, MARC F 920 MARIANA AVENUE CORAL GABLES FL			Name Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)		
CORAL G	ABLES FL		City		Zip Code	
SIGNATURE F Afte	Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	0	TE: Registered Agent signature rec	guired when reinstating) 9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASENSIO, MARC F 920 MARIANA AVENUE CORAL GABLES FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE		Change Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOF

Delete

Change

Addition