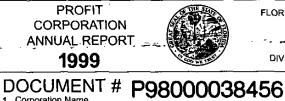
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT _

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90181 016 ***150.00

1. Corporation	n Name	3000400					
QUEEN	VACATIONERS, INC.						
					- E EMATEMAS DEM CALAR AND AND ARREST MAIN AND A	A 11881 1801	1111 1 1 111 1 11 1
	_						
Principal Plac	e of Business	Mailing Address	,			# 20101 (#201 #100) 3	OIRIU OIRI I DEBI
32 SW 132 COURT 32 SW 132 COURT							
MIAMI FL 33184 MIAMI FL 33184							
					DO NOT WRITE IN THI	S SPACE	
		•			3. Date Incorporated or Qualifed		1
					04/28/1998		
2. Principal P	. Principal Place of Business 2a. Mailing Address				4. FEI Number		olied For
21	26 Suite And # sto				65-0893501		Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A Fee Re	I
22) City 9 Ct=1	City & City & City						 -
—	City & State City & State				6, Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	,
23 Zip	Country		Count		8. This corporation owes the current year lo		7 223
24	25 29		30		Personal Property Tax.	Yes	Νo
	9. Name and Address of Curre				10. Name and Address of New Registered		
			E	11 Name			}
	eu, mario m		1	2 Street Addr	rose (D.O. Boy Number in Not Acceptable)	 -	 _
32 SW 132 COURT			l°	Street Addi	ress (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33184		1	13			
			ļ.	4 8			·
				4 City	F	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abo	ve-named corp	oration submits this statement for the purpose of	f changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was aut	thorized t	ov the corporation	on's board of directors. I hereby accept the app	sintment as reg	jistered
_	and landing with, and accept the cong	pations 61, 5000011 007.5000, 71014					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable, (NOTE: F	Registered A	gent signature require	d when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 ∏∏⊔			Change	☐ Addition
NAME	REINA, ROBERTO		1.2 NAM	E			
STREET ADDRESS			1.3 STRI	EET ADDRESS		/ K	}
CITY-ST-ZIP	MIAMI FL 33184		1.4 CITY	-ST-ZIP			
TITLE	TSD	☐ DELETE	2.1 TITL		·	Сhange	☐ Addition
NAME	ABREU, MARIO M		2.2 NAM	E			
STREET ADDRESS	32 SW 132 COURT		2.3 STR	EET ADDRESS			}
CITY-ST-ZIP	MIAMI FL 33184			-ST-ZIP	<u> </u>	<u> </u>	
TITLE		☐ DELETE	3.1 TITL	ì		Change	☐ Addition
NAME	يان د ۲۰ ايا پوينها ماند		3.2 NAM		e de la companie de l La companie de la co		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4: CIT			[] Change	Addition
TITLE			4,1 TITL	[Change	☐ Addition [
NAME		☐ DELETE					-
STREET ADDRESS		C DELETE	4. 2 NAN				ļ
		C DETEIF	4,3 STR	EET ADDRESS)
CITY-ST-ZIP		<u> </u>	4,3 STRI 4,4 CITY	ET ADORESS -ST-ZIP		[] Change	Addition
CITY-ST-ZIP TITLE		OELETE	4,3 STRI 4,4 CITY 5,1 ΠΤΙ	ET ADORESS -ST-ZIP		Change	☐ Addition
CITY-ST-ZIP TITLE NAME	. ,	<u> </u>	4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM	EET ADORESS -ST-ZIP E	<u></u>	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		<u> </u>	4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI	EET ADDRESS -ST-ZIP E E EET ADDRESS		Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI 5.4 CITY	EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP TITLE NAME STREET ADDRESS		<u> </u>	4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI	EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP		☐ Change	Addition

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 ecover 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.

6.4 CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

CR2E034.(11/98).