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 # P98000040548

1. Corporation Name

BLUE SKY TOURS INC.

Principal Place of Business							
2497 STIRLING ROAD							
FORT LAUDERDALE FL 33312							

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90139 003 ***150.00



Principal Place of Business Mailing Address								
2497 STIRLING ROAD 2497 STIRLING ROAD FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312								
						DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified		
						05/04/1998		
2. Principal Pi	ace of Business	2a	. Mailing Address			4. FEI Number Ap	plied For	
1		26				65-0833150 No	t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 A		
2		27		-		5. Certificate of Status Desired - Fee Re	quired	
City & State	е		City & State			6. Election Campaign Financing \$5.00	May Be	
3	28					Trust Fund Contribution Added to Fees		
Zip	Country		Zip	Country		8. This corporation owes the current year Intangible		
4	25	29 30				, closital i topolity ran	□No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
W. 100 A 100 A				81	81 Name			
WANG, MING C				82	2 Street Address (P.O. Box Number is Not Acceptable)			
6950 CYPRESS ROAD #208-15				"	or or verses (i.e. box verses is very estable)			
PLAN	NTATION FL 33317			83				
				84	City	FL 85 Zip C	ode	
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Flori	da. Such change was auth	orized by	the corp	ed corporation submits this statement for the purpose of changing its reporation's board of directors. I hereby accept the appointment as required.	registered gistered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title	if applicable. (NOTE: Reg	gistered Age	nt signature i	re required when reinstating) DATE		
12.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
HTLE	DV		☐ DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	WONG, YUK N			1.2 NAME	NAME .			
STREET ADDRESS	ALCO ATTOLING DOAD			1.3 STREE	.3 STREET ADDRESS			
5055 1 110555 11 5 51 000 10				1.4 CITY-S	T-ZIP			
TITLE	DT		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition	

WONG, HUNG Y 2.2 NAME 2497 STIRLING ROAD 2.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33312 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE CHENG, SUNG S 3.2 NAME NAME 2497 STIRLING ROAD 3.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE ☐ Change □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not quasily 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.

SIGNATURE: