PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000040602

NIK TOURS, INC.

Mailing Address Principal Place of Business 1721 SW 93RD COURT 1721 SW 93RD COURT MIAMI FL 33165 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/30/1998 Applied For 2a. Mailing Address FEI Number 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6, Election Campaign Financing City & State -Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Country Ζiρ 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RIVADENEIRA, ALICIA Street Address (P.O. Box Number is Not Acceptable) 1721 SW 93RD COURT MIAMI FL 33165 83 85 Zip Code City 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 little if applicable tered Agent signature required wi ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE CR2E034 FELICEVICH, GUSTAVO H 12 NAME NAME 1.3 STREET ADORESS 1721 SW 93RD COURT STREET ADDRES MIAMI FL 33165 1.4 CITY-ST-ZIP CITY-51-ZIP Addition Change DELETE 2.1 TITLE TITLE RIVADENEIRA, ALICIA 22 NAME NAME 1721 SW 93RD COURT 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL:33165-2.4 CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADORES

4. 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 of 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.

3.4. CITY-ST-ZIP

4.3 STREET ADORESS

4.4 CITY- ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

President/Director

64 CITY-ST-ZIP

5.) TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TOLF

S 2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRES

CITY-ST-ZIP

CITY ST ZIP

TITLE

ME

NAME

TITLE

R PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

Sustave H Felicevich,

☐ DELETE

DELETE

DELETE

4/2/99 305-554-97

Change

Change

☐ Change

☐ Addition

Addition

Addition

FILED

May 06, 1999 8:00 am Secretary of State

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