

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042765

1. Entity Name
INTERNET TOURS, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90033 039 ***150.00

Principal Place of Business		Mailing Address	
S. DADELAND BLVD. 413 FL 33156		9300 S. DADELAND BLVD. SUITE 413 MIAMI FL 33156-2719	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

813662



DO NOT WRITE IN THIS SPACE

4. FEI Number		65-0869064		Applied For	
				Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GUARCH, J M JR. 710 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS	D RIESCO, ALAIN 9300 S. DADELAND BLVD. MIAMI FL 33156	TITLE	NAME
ST-ZIP		STREET ADDRESS	CITY-ST-ZIP
ADDRESS	D LOPEZ-MOBILIA, FEDERICO 9300 S. DADELAND BLVD. MIAMI FL 33156	TITLE	NAME
ST-ZIP		STREET ADDRESS	CITY-ST-ZIP
ADDRESS		TITLE	NAME
ST-ZIP		STREET ADDRESS	CITY-ST-ZIP
ADDRESS		TITLE	NAME
ST-ZIP		STREET ADDRESS	CITY-ST-ZIP
ADDRESS		TITLE	NAME
ST-ZIP		STREET ADDRESS	CITY-ST-ZIP

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

SIGNATURE:

ALAIN RIESCO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00 (305) 670-8990
Date Daytime Phone #

CR2E034 (9/99)