

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90158 010 ***150.00

DOCUMENT # P98000049031

1. Corporation Name

TOURISM & TECHNOLOGY, INC.

Principal Place of Business

2655 LEJEUNE ROAD SUITE 800
CORAL GABLES FL 33134

Mailing Address

2655 LEJEUNE ROAD SUITE 800
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1998

4. FEI Number

65-0839675

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 8721 SW 137 Avenue

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33183

Country

25 Miami - Dade

2a. Mailing Address

26 8721 SW 137 Ave.

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33183

Country

30 Miami - Dade

9. Name and Address of Current Registered Agent

PORTUGAL, MIRIAM I
2655 LEJEUNE ROAD SUITE 800
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 8721 SW 137 Ave.

84

City Miami

FL

85 Zip Code

33183

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

J. Roberto Portugal

J. ROBERTO PORTUGAL, PRESIDENT

04/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME PORTUGAL, JOSE R
STREET ADDRESS 2655 LEJEUNE ROAD SUITE 800
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DTS ☐ DELETE

NAME PORTUGAL, MIRIAM E
STREET ADDRESS 2655 LEJEUNE ROAD SUITE 800
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 8721 SW 137 Avenue

1.4 CITY-ST-ZIP Miami, FL 33183

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 8721 SW 137 Avenue

2.4 CITY-ST-ZIP Miami, FL 33183

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

J. Roberto Portugal

J. ROBERTO PORTUGAL, PRESIDENT

04/30/99

305-3804918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0573134