

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90024 047 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000055829

1. Corporation Name

MULTI SERVICE TOURS, INC.

Principal Place of Business
**5630 P.G.A. BLVD., APT. 1123
ORLANDO FL 32839**

Mailing Address
**5630 P.G.A. BLVD., APT. 1123
ORLANDO FL 32839**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1998

4. FEI Number

59-3526383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business **SOUTH**
4423 KIRKMAN RD

2a. Mailing Address
4423 SOUTH KIRKMAN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 104

104

City & State
ORLANDO FLORIDA

City & State
ORLANDO FLORIDA

Zip
32811

Country
ORANGE

Zip
32811

Country
ORANGE

9. Name and Address of Current Registered Agent

**ARISTA, JOSE H
5630 P.G.A. BLVD., APT. 1123
ORLANDO FL 32839**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ARISTA, JOSE H**
STREET ADDRESS **5630 P.G.A. BLVD., APT. 1123**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 **SOUTH 4423 KIRKMAN RD**
1.4 CITY-ST-ZIP **APT #104 ORLANDO FL 32811**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/04/99

CR2E034 (5/99)

0125618

MULTI SERVICE TOURS INC
4423 S. KIRKMAN RD.
ORLANDO FL 32811 APT 104

603981-90024-47

AUGUST 04, 1999

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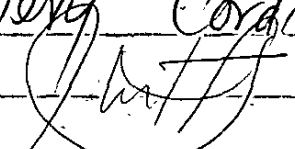
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORP
ANNUAL REPORTS FILINGS

Dear Sirs;

Please be informed that I moved from my old address and was not aware that I had to file this report. I went back to my old address and the new tenants informed me that I had this mail from your department. Since this is my first time doing business in Florida and I had moved out

I am requesting from your department to be so kind and wave the late filing fees.

I am a small business person and this amount would be felt heavily. Enclosed I am sending the original fee of 150.00 for your consideration. Thank you in advance.

Very Cordially,


JOSE H. ARISTA