


FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S09458

1. Corporation Name
CRYSTAL TRAVEL TOUR, INC.

(8)

Principal Place of Business

**5915 WEST 25TH CT #104
HIALEAH FL 33016**

Mailing Address

**5915 WEST 25TH CT #104
HIALEAH FL 33016**

<p>2. Principal Place of Business</p> <p>21 Suite, Apt. #, etc.</p> <p>22 City & State</p> <p>23 Zip 24 Country</p>	<p>2a. Mailing Address</p> <p>26 Suite, Apt. #, etc.</p> <p>27 City & State</p> <p>28 Zip 29 Country</p>
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9. Name and Address of Current Registered Agent

CATALAN, BERTA
5915 W 25TH CT #103
HIALEAH FL 33016

81 Name

82 Street Address

83

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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)

OFFICERS AND DIRECTORS	
<p>12.</p> <p>TITLE DPT <input type="checkbox"/> DELETE</p> <p>NAME CATALAN, BERTA</p> <p>STREET ADDRESS 7521 W 35TH AVENUE</p> <p>CITY - ST - ZIP HIALEAH FL</p>	<p>13.</p> <p>1.1 TITLE</p> <p>1.2 NAME</p> <p>1.3 STREET ADDRESS</p> <p>1.4 CITY - ST - ZIP</p>
<p>TITLE DVS <input type="checkbox"/> DELETE</p> <p>NAME RAMIREZ, JACQUELINE</p> <p>STREET ADDRESS 7505 W 35TH AVENUE</p> <p>CITY - ST - ZIP HIALEAH FL</p>	<p>2.1 TITLE</p> <p>2.2 NAME</p> <p>2.3 STREET ADDRESS</p> <p>2.4 CITY - ST - ZIP</p>
<p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p>3.1 TITLE</p> <p>3.2 NAME</p> <p>3.3 STREET ADDRESS</p> <p>3.4 CITY - ST - ZIP</p>
<p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p>4.1 TITLE</p> <p>4.2 NAME</p> <p>4.3 STREET ADDRESS</p> <p>4.4 CITY - ST - ZIP</p>
<p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p>5.1 TITLE</p> <p>5.2 NAME</p> <p>5.3 STREET ADDRESS</p> <p>5.4 CITY - ST - ZIP</p>
<p>TITLE <input type="checkbox"/> DELETE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p>6.1 TITLE</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY - ST - ZIP</p>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/29/1990					
4. FEI Number 65-0224016	<table border="1"> <tr> <td></td> <td>Applied For</td> </tr> <tr> <td></td> <td>Not Applicable</td> </tr> </table>		Applied For		Not Applicable
	Applied For				
	Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required				
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees				
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CATALAN, BERTA 5915 W 25TH CT #103 HALEAH FL 33016	81	Name		
	82	Street Address (P.O. Box Number is Not Acceptable)		
	83			
	84	City	FL	85

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 reinstalling)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPY CATALAN, BERTA 7521 W 35TH AVENUE HIALEAH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS RAMIREZ, JACQUELINE 7505 W 35TH AVENUE HIALEAH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Berty Cartalan

2/10/98

CR2E034 (10/97)