

2-395 B-SS-C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
 ANNUAL REPORT  
 1995**



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

**DOCUMENT # S10983 (2)**

1. Corporation Name

**RGE TOURS, INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 FEB -3 PM 12:12

Principal Place of Business

**5750 MAJOR BLVD.  
 SUITE 365  
 ORLANDO FL 32819**

Mailing Address

**5750 MAJOR BLVD.  
 SUITE 365  
 ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>11/06/1990</b>                                                                                                      | 3a. Date of Last Report<br><b>04/11/1994</b>           |
| 4. FEI Number<br><b>65-0227068</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>20 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

9. Name and Address of Current Registered Agent

**ESTEVES, SIMONE BRASIL  
 5750 MAJOR BLVD.  
 SUITE 365  
 ORLANDO FL 32819**

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, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | DP                      | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ESTEVES, RONALDO GARCIA | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 11715 SINDLESHAM CT     | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | ORLANDO FL              | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | DV                      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ESTEVES, SIMONE BRASIL  | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 11715 SINDLESHAM CT     | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | ORLANDO FL              | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                         | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                         | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                         | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                         | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                         | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                         | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                         | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                         | 6.4 CITY - ST - ZIP                                   |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 liquidator 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 added in attachment with an address.

SIGNATURE:

*Ronald Garcia*  
 SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2 JAN 31 1995  
 Date (Signature) (Print Name)