PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$15716

1. Corporation Name

CUE TRAVEL FLORIDA, INC.

							<i>a</i> an ahan ahan ahan		
Principal Place of Business Mailing Address							1111 61411 61611 61611	#1#17 #II	911 G1811 1991
5850 LAKEHURST DRIVE 5850 LAKEHURST DRIVE									
SUITE 150-12			SUTIE 150-12			DO NOT WRITE IN THIS SPACE			
ORLANDO FL 32819 US ORLANDO FL 32819 US			LF 35012			3. Date Incorporated or Qualifed	114 11 110 01 1101		$\overline{}$
-						11/29/1990			
2. Principal Pl	ace of Business	2a. Mailin	g Address			4. FEI Number		Арр	tied For
21		26	26			59-3038092		Not Applicable	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired		-	dditional
22		27				3. Odrinoate of oldina Desired	F6	e Req	uired
City & State	e	— ·	City & State			6. Election Campaign Financing			Aay Be
23		28				Trust Fund Contribution Added to Fees			
Zíp	Country	Zip	L1	Country		This corporation owes the current Personal Property Tax.	year Intangible: Yes⊟		⊒No │
24	25 25 Address of Curr	29 ent Registered A	30			10. Name and Address of New Reg			
9. Name and Address of Current Registered Agent					Name				
LILE	y, kazumi			82	-1.4	(D.O. B., M., Lee; Net Assessed			
	? TRADEWINDS LW				Street Ad	ddress (P.O. Box Number is Not Acceptable	1)		
ORL	ANDO FL 32819			83	-				
				04	City		95	Zip Co	odo
	١,			84	City		FL 85	Zip Ci	Jue
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes					-named co	prporation submits this statement for the pu	pose of changir	ng its r	egistered
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 a		<u> </u>		t signature requ	uired when reinstating)	DATE		
12.		AND DIRECTOR:		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE		Addition
TITLE	D CODO			1.1 TITLE				nige	
NAME	MORI, GORO			1.2 NAME					
STREET ADDRESS	340 EAST 64TH ST., #18-M NEW YORK NY			1.3 STREET					
CITY-ST-ZIP	P			1.4 CITY-ST 2.1 TITLE	I-ZIP		Chá	ange	Addition
TITLE	TANAKA: MAMORU	•	_	2.2 NAME	Ì				_ (
NAME STREET ADDRESS	300 EAST 40TH ST., #32-S			2.3 STREET	Anneess				
	NEW YORK NY			2.4 CITY-S					
CITY-ST-ZIP TITLE	D			3.1 TITLE	1-21-		☐ Cha	ange	Addition
NAME	SUZUKI, HIROSHI			3.2 NAME					
STREET ADDRESS	5113 PARK CENTRAL DRIVE	#718	1	3.3 STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32839			34 CITY-S					
TITLE	GM			4.1 TITLE			Cha	ange	Addition
NAME	LILEY, KAZUMI			4. 2 NAME	İ				-
STREET ADDRESS	5942 TRADEWINDS LW		ŀ	4.3 STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32819			4.4 CITY-S	r-zip				
TITLE				5.1 TITLE			☐ Cha	ange	☐ Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP	1			5.4 CITY-S	r-zip				
TITLE			☐ ÐELETE	6.1 TITLE			Cha	ange	☐ Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90266 008 ***150.00