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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 07 1997 8:00am

Secretary of State

Daytime Phone #

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$16244 (3)VC TRAVEL & TOURS CORP. Principal Place of Business Mailing Address 4338 S.W. BTH STREET 4711 NW 79TH AVE #1A MIAMI FL 33166 MIAMI FL 33134-2673 3. Date Incorporated or Qualified 3a. Date of Last Report 02/19/1996 12/04/1990 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 65-0230531 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Country Zip Country Zıp 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Adgistered Agent 81 CABRAL, ROCHA VALDENIA 4711 NW 79TH AVE. Street Address (P.O. Box Number is Not Acceptable) #1A 83 MIAMI FL 84 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typical or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12. 13. PVD DELETE 1.1 TITLE Change Addition TITLE CABRAL, VALDENIA ROCHA 1.2 NAME NAME **CR2E034** 4711 NW 79TH AVE, #1A STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 2.4 City-ST-ZIP DELETE Change Addition 3.1 TITLE TOLE 3.2 NAME NAME STREET ADDRESS **3.3 STREET ADDRESS** 3.4. CITY - ST - ZIP CITY-ST-Ziff DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE THILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-SI-7IP DELETE Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do 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 angual 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 fusite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of language, of on an attachment with an address.

SIGNING OFFICER OR DIRECTOR