

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S16314** (4)

1. Corporation Name

COLUMBUS AMERICAN TOURS & TRAVEL, INC.



Principal Place of Business

Mailing Address

7061 GRAND NATIONAL DR.
SUITE 134
ORLANDO FL 32819
US

7061 GRAND NATIONAL DR.
134
ORLANDO FL 32819
US

3. Date Incorporated or Qualified
12/05/1990

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 **7536 REPUBLIC DR.**

26 **7437 PINEMOUNT DRIVE**

4. FEI Number

59-3040045

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **ORLANDO FL**

28 **ORLANDO FL**

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **32819**

25 **USA**

29 **32819**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VASCONCELOS, JOSE ROBERTO
7061 GRAND NATIONAL DR, SUITE 134
ORLANDO FL 32819

81 Name

VASCONCELOS, JOSE ROBERTO

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

7437 PINEMOUNT DRIVE

83

84 City

ORLANDO

FL

85 Zip Code

32819

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 that of applicant

Typed Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P VASCONCELOS, JOSE R.**
STREET ADDRESS **7862 VILLA DR.**
CITY- ST- ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **VP DE VASCONCELOS, MONIQUE**
STREET ADDRESS **7862 VILLA DR.**
CITY- ST- ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 **P VASCONCELOS, JOSE R.**
1.3 STREET ADDRESS **7437 PINEMOUNT DR.**
1.4 CITY- ST- ZIP **ORLANDO FL 32819**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DE VASCONCELOS, MONIQUE**
2.3 STREET ADDRESS **7437 PINEMOUNT DR.**
2.4 CITY- ST- ZIP **ORLANDO FL 32819**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 20, 1996 (407)3545200

CR2E034 (12/95)