

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S19594
Corporation Name
ZALEX INTERNATIONAL TOURS, INC.

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

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Principal Place of Business BRICKELL AVE P-24 FL 33131		Mailing Address 444 BRICKELL AVE STE P-24 MIAMI FL 33131 US		DO NOT WRITE IN THIS SPACE	
Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0237478	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BAGGIO, JOSE A. M. 444 BRICKELL AVE STE P-24 MIAMI FL 33131				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)		DATE	
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
PD BAGGIO, JOSE A. M. 444 BRICKELL AVE #P-24 MIAMI FL 33131		1.1 TITLE			
D BAGGIO, VERA REGINA F. 444 BRICKELL AVE #P-24 MIAMI FL 33131		1.2 NAME			
		1.3 STREET ADDRESS			
		1.4 CITY-ST-ZIP			
		2.1 TITLE			
		2.2 NAME			
		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
		3.1 TITLE			
		3.2 NAME			
		3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP			
		4.1 TITLE			
		4.2 NAME			
		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
		5.1 TITLE			
		5.2 NAME			
		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
		6.1 TITLE			
		6.2 NAME			
		6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			

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 register 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)