

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90055 034 ***150.00

DOCUMENT # S19594

1. Entity Name
ZALEX INTERNATIONAL TOURS, INC.

Principal Place of Business 444 BRICKELL AVE STE P-24 MIAMI FL 33131 US	Mailing Address 444 BRICKELL AVE STE P-24 MIAMI FL 33131-2467 US
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2. Principal Place of Business 831 WASHINGTON Ave	3. Mailing Address 831 WASHINGTON Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33139	Zip 33139
Country MIAMI-DADE	Country MIAMI-DADE

4. FEI Number 65-0237478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BAGGIO, JOSE A. M.
 444 BRICKELL AVE
 STE P-24
 MIAMI FL 33131**

7. Name and Address of New Registered Agent
 Name: **BAGGIO, JOSE A. M.**
 Street Address (P.O. Box Number is Not Acceptable): **831 WASHINGTON Ave**
 City: **MIAMI BEACH** FL Zip Code: **33139**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Jose A. M. Baggio* (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAGGIO, JOSE A. M. 444 BRICKELL AVE #P-24 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGGIO, VERA REGINA F. 444 BRICKELL AVE #P-24 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAGGIO, JOSE A. M. 831 WASHINGTON Ave MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BAGGIO, VERA REGINA F. 831 WASHINGTON Ave MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all the like empowered.

SIGNATURE: *Jose A. M. Baggio* **JOSE A. M. BAGGIO Pres. Feb 18, 2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)