

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUL -9 AM 9:54

DOCUMENT # S 29365

1. Corporation Name

L & J TOURS AND TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

4517 N.W. 2 St.

4517 N.W. 2 St.

Miami, FL. 33126

Miami, FL. 33126

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

3. Date Incorporated or Qualified

02/01/1991

3a. Date of Last Report

03/29/1996

4. FET Number

65-0245739

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

DEFABIO, GEORGE J. ESQ
2121 PONCE DE LEON BLVD.
SUITE 430
CORAL GABLES, FL. 33134

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
LUISA M. ARAYA (PRESIDENT)
4517 N.W. 2 St.
MIAMI, FL.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
LUISA M. ARAYA (VICE PRESIDENT)
4517 N.W. 2 St.
MIAMI, FL.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
LUISA M. ARAYA (SECRETARY)
4517 N.W. 2 St.
MIAMI, FL.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
LUISA M. ARAYA (TREASURER)
4517 N.W. 2 St.
MIAMI, FL.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
400002235504--0
-07/11/97--01002--007
*****61.25 *****61.25

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, changed, or on an attachment with an address.

SIGNATURE:

Luisa M. Araya

LUISA M. ARAYA

JUL 9 1997

06/30/97

(305) 441-0649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (9/96)