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FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S40766

(5)

1. Corporation Name  
TRANS-ACTION TOUR, INC.

Principal Place of Business

611 WEST VINE ST  
STE N  
KISSIMMEE FL 34741  
US

Mailing Address

611 WEST VINE ST  
STE N  
KISSIMMEE FL 34741-4183  
US

2. Principal Place of Business

21 5260 WEST 192

Suite, Apt. #, etc.

22 SUITE 115

City & State

23 KISSIMMEE, FL

Zip

24 34746

Country

25 US

2a. Mailing Address

26 5260 WEST 192

Suite, Apt. #, etc.

27 SUITE 115

City & State

28 KISSIMMEE, FL

Zip

29 34746

Country

30 US

3. Date Incorporated or Qualified

03/26/1991

3a. Date of Last Report

02/12/1996

4. FEI Number

65-0254290

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$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

RAMOS, JOSE L  
1807 PARK LAKE ST  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

82 RAMOS, JOSE L  
Street Address (P.O. Box Number is Not Acceptable)

5381-B HOFFNER AVE

83

84

CITY ORLANDO

FL

85 Zip Code

32812

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MOLEDA, CARLOS ROMULO  
STREET ADDRESS 611 W. VINE ST. #N  
CITY-ST-ZIP KISSIMMEE FL

TITLE V  
NAME MOLEDA, VERA LUCIA A.  
STREET ADDRESS 611 W. VINE ST. #N  
CITY-ST-ZIP KISSIMMEE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 5260 WEST 192, SUITE 115  
1.4 CITY-ST-ZIP KISSIMMEE, FL 34746

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 5260 WEST 192, SUITE 115  
2.4 CITY-ST-ZIP KISSIMMEE, FL 34746

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 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 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

Date

Daytime Phone #

CR2E034 (9/96)