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

DOCUMENT # \$41004

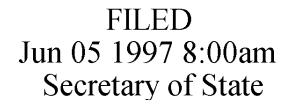
(0)

SKYLINE TOURS, INC.

Principal Place of Business

1905 COLLINS AVENUE MIAMI BEACH FL 33139 Mailing Address

1905 COLLINS AVENUE MIAMI BEACH FL 33139-1911





											3. Date Incorporated or Qualified							eport	
					2a, Mailing Address						4.	FEI Numb					_	Ar	plied For
21	Sulte, Apt. #, etc.			3	26 Suite Apt # etc						ļ	65-025	2506						t Applicable
22					Suite, Apt. #, etc.						5. Certificate of Status Desired S. S. S. Additional Fee Required								
City & State				ļ	City & State						6.	Election C	Campaigr	n Financi	ng		\$5	.00	May Be
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24			25		9		30	ountry	, 			This corp Florida St		as liabilit	·		tax un	der s	199.032,
			and Address o	Current Re	gistered A	Agent		81			10.	Name an	d Addre	ss of Ne	w Reg	Istered	Agent		
SOER, MONIQUE									Name										
1905 COLLINS AVENUE									Street	Addres	ss (P.	O. Box N	umber is	Not Acc	eptable	9)			
MIAMI BEACH 33139																			
								83											
								84			·					FL	85	Zip (
11	office of re	ecisterea aa	ions of Sections ent, or both, in the	ne State of F	lorida. Suc	:h change was	: nulhoriz	ed by	z the con	l corpor	ration	submits	this state	ment for	the pu	rpose o	f chang	ing it	s registered
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14.	I do hereb	y certify that	the information,	supplied with	this filipici	does not qual	lify for the	exer	mption s	tated in) Sec	tion 119.0	7(3)(i). F	lorida Sta	atutes	Lfurther	certifu	that t	he
	information I am an off appears in	n indicated of licer or direct I Block 12 or	the information on this annual rep tor of the corpor Block 13 if char	ort or suppli ation or the r ged or on a	emental an ecciver or in attachm	nuat report is trustee empor ent with an ad	true and wered to ldress.	accu execu	rate and ute this r	that my eport a	ıy siği ıs req	nature she quired by (all have t Chapter (he same 607, Flori	legal e ida Sta	effect as tutes; ar	if mad nd that	e und my na	er oath; that ime