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Mar 24 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 # S51978 (2)

1. Corporation Name
CLEO TOURS, INC.

Principal Place of Business
2109 CORAL WAY
MIAMI FL 33145

Mailing Address
2109 CORAL WAY
MIAMI FL 33145-2627



3. Date Incorporated or Qualified 05/13/1991
3a. Date of Last Report 04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number 65-0270948
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

10. Name and Address of New Registered Agent

HELLMAN, MAYNARD J ESQ
1100 PONCE DE LEON BLVD.
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]

(NOTE: Registered Agent signature required when reinstating)

DATE

Mar 17 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	☐ DELETE
NAME	NAQUI, HASAN	
STREET ADDRESS	2109 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☐ DELETE
NAME	SIDDIQUI, HAMID I	
STREET ADDRESS	715 W. 80TH ST.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	☐ DELETE
NAME	SIDDIQUI, MEENA D	
STREET ADDRESS	715 W. 80TH ST.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	☐ DELETE
NAME	SIDDIQUI, ASAD I	
STREET ADDRESS	715 W. 80TH ST.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	☐ DELETE
NAME	JAFFRI, ARSHAD S	
STREET ADDRESS	2109 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 17 1997

Date

305 854 0027

Daytime Phone #

0203224

CR2E034 (9/96)