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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathering Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S51978

CLEO TOURS, INC.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90065 031 ***150.00



ncipal Place	e or dusiness	Mailing Addre				· ·			
09 CORAL WAY AMI FL 33145			2109 CORAL WAY MIAMI FL 33145			}			
		MIAMI FL 331				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						05/13/1991			•
Dringinal D	Place of Business	2a. Mailing A	ddress			4. FEI Number		TA	pplied For
eriticipai e	(ace of business	} 	301033			65-0270948			ot Applicable
Suite, Apt.	# etc	26 Suite, Apt	# etc						Additional
3006, Apr.	#, GU.	27	. ,, 0.0.			5. Certificate of Status Desired			equired
City & Stat	lo lo	City & Sta				6. Election Campaign Financing		\$5.00	May Re
one of the control of		—¬ ·	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May 8 Added to Fee			•
Zip	Country	Zip		Country	 _	8. This corporation owes the curre	ant year Intai		
	25	29	30	_ '		Personal Property Tax.	-	Yes	□No
	9. Name and Address of Cur					10. Name and Address of New R	egistered A	gent	
		<u> </u>		81	Name				
HEL	LMAN, MAYNARD J ESQ			ļ	ļ				
	O PONCE DE LEON BLVD.			82	Street Add	Iress (P.O. Box Number is Not Accepta	ble)		
	RAL GABLES FL 33134			83	 		,	· · ·	
551	" WEEL I F ALIA!			[33					
				84	City	•	FL	85 Zip	Code
						poration submits this statement for the		ل_	,
agent. I a	am familiar with, and accept the obl	igations of, Section 60	37.0505, Fforida	Statutes	the corporat	ion's board of directors. I hereby accepted when reinstating)	DATE		 _
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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 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR