FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S66960** **(3)**

1. Corporation Name

SPACE TOURS OPERATORS CORPORATION

Principal Place of Business	Mailing Address
5850 LAKE HURST DR SUITE 100 ORLANDO FL 32819	5850 LAKE HURST DR SUITE 100 ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/15/1991**

3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22: 150 - 13

Suite, Apt. #, etc. — 27: 150 - 13

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

4. FEI Number: **65-0289272** ☐ 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

CAMPOS, ANA KARLA GEDEON
5850 LAKEHURST DR
SUITE 100
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

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

83: S/E 150 - 13

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 _____ (REQUIRED) Registered Agent signature required when reinstated — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☐ Change ☐ Addition	
NAME	GEDEON, EDUARDO	12 NAME		
STREET ADDRESS	5850 LAKEHURST DR, STE 100	13 STREET ADDRESS	S/E 150 - 13	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	☑ Change ☐ Addition	
NAME	GEDEON, ALDALICE	22 NAME		
STREET ADDRESS	5850 LAKEHURST DR, STE 100	23 STREET ADDRESS	S/E 150 - 13	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	☑ Change ☐ Addition	
NAME	CAMPOS, ANA KARLA GEDEON	32 NAME	ANA KARLA MOOCE	
STREET ADDRESS	5850 LAKEHURST DR, STE 100	33 STREET ADDRESS	S/E 150 - 13	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	☒ Change ☐ Addition	
NAME	CAMPOS, BORIS P.	42 NAME	NO LONGER PART OF	
STREET ADDRESS	5850 LAKEHURST DR, STE 100	43 STREET ADDRESS	CORPORATION, PLEASE REMOVE.	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ✓ _____ 4.20.95

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002301 CP