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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 569499

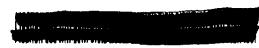
CREATIVE TOUR PLANNERS, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED Feb 02 1998 8:00am Secretary of State



815 N.W. 87TH AVE. STE #303 815 N.W. 57TH AVE. STE #303 MIAMI FL 33128 MIAMI FL 33128 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 7/30/91 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 28 6351 SUNSET DRIVE 65-0280573 211*635 | SUNSE*7 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 50 MIAMI 28 50 MIAMI Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible MIAMI - DANE 20 33143 30 MIAMI-DAde Personal Property Tax due June 30. X Yes ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RAMUDO, OLGA 13701 SW 103RD AVE **B2** Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** Zip Code 84 City 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) OFFICERS AND DIRECTORS 12, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TILLE RAMUDO, OLGA 1.2 NAME NAME 13701 S.W. 103 AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 THILE JACOMINO, CRISTINA NAME 2.2 NAME 13721 S.W. 103 AVENUE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CHY-SI-ZIP DELETE TITLE Change Addition 3.1 TITLE DELGADO, ROSA MARIA 3.2 NAME 1264 CORAL WAY STREET ADDRESS 3.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 3.4. DITY-ST-ZIP DELETE Change Addition TITLE 4.1 THILE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 5.4 CHTY-ST-ZIP DELETE TITLE 200002418102^{© Change} 6.1 TITLE NAME 6.2 NAME -02/02/99--01029--001 STREET ADDRESS ***150.00 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 serve 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.