

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 25 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 # **S82089** (1)

1. Corporation Name  
**BAF TOUR SERVICES, INC.**



Principal Place of Business  
**1921 PARK LAKE STREET  
ORLANDO FL 32803**

Mailing Address  
**1921 PARK LAKE STREET  
ORLANDO FL 32803-4253**

3. Date Incorporated or Qualified **09/18/1991** 3a. Date of Last Report **04/29/1996**

2. Principal Place of Business  
21 **5448 HOFFNER AVE.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **5448 HOFFNER AVE.**  
Suite Apt. #, etc.

4. FEI Number **59-3084892** Applied For  
Not Applicable

22 **SUITE 401**  
City & State

27 **SUITE 401**  
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **ORLANDO, FLORIDA**

28 **ORLANDO, FLORIDA**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **32812** 25 **USA**

29 **32812** 30 **USA**

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

**SORENSEN, KATHERINE L.  
1590 GAY ROAD  
WINTER PARK FL 32789**

81 Name **SORENSEN, KATHERINE L.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**613 EXECUTIVE DR.**  
83 **WINTER PARK, FL**  
84 City **WINTER PARK** 85 Zip Code **FL 32789**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

*Katherine L. Sorensen*

**1/13/97**

Signature of officer or director of corporation (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MONTAUDI, BIAGIO</b>	
STREET ADDRESS	<b>1921 PARK LAKE STREET</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>5448 Hoffner Ave, suite 401</b>
1.4 CITY - ST - ZIP	<b>Orlando, FL 32812</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 record 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:

*Biagio Montaudi*

**2/18/97**

**407-208 9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)