

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S87703** (2)

1. Corporation Name

MEIER TOURS, INC.



Principal Place of Business

~~2699 COLLINS AVE.~~
~~SUITE 109~~
~~MIAMI BCH. FL 33140~~
~~US~~

Mailing Address

~~2699 COLLINS AVE.~~
~~SUITE 109~~
~~MIAMI BEACH FL 33140~~
~~US~~

3. Date Incorporated or Qualified
10/16/1991

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

21 **2323 Collins Ave**

2a. Mailing Address

26 **2323 Collins Ave**

4. FEI Number
65-0290944

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

22 **-0-**

Suite, Apt. #, etc.

27 **-0-**

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

City & State

23 **Miami Beach, Fl**

City & State

28 **Miami Beach, Fl**

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

Zip

24 **33139**

Country

25 **U.S.A.**

Zip

29 **33139**

Country

30 **U.S.A.**

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

HENSEL, NANCY

~~2699 COLLINS AVE.~~
~~SUITE 109~~
~~MIAMI BEACH FL 33140~~

81 Name

Nancy Hensel

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

2323 Collins Ave

83

84 City

Miami Beach

FL

85 Zip Code
33139

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, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP MEIER, HANS**
STREET ADDRESS ~~2699 COLLINS AVE., SUITE 109~~
~~MIAMI BCH. FL~~

TITLE ☐ DELETE

NAME **V HENSEL, NANCY**
STREET ADDRESS ~~2699 COLLINS AVE., SUITE 109~~
~~MIAMI BCH. FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **DP Meier Hans**
12 NAME
13 STREET ADDRESS **2323 Collins Ave**
14 CITY-ST-ZIP **Miami Beach, Fl 33139**

2.1 TITLE ☒ Change ☐ Addition

NAME **V Hensel, Nancy**
22 NAME
23 STREET ADDRESS **2323 Collins Ave**
24 CITY-ST-ZIP **Miami Beach, Fl 33139**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Nancy Hensel/Vice President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Hensel 305-591-1566
Date Daytime Phone #

CR2E034 (12/95)