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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

<u> </u>	UAL REPORT 1997		<b>1</b> 5	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
	MENT # <b>V(</b> NAME NEL & TOURS, I		ı	(3)			
Principal Plac	ne of Rusiness	<del></del>	Mailing Add	Iress			
Principal Place of Business 739 SOUTH SEMORAN BLVD. ORLANDO FL 32807			739 SOUTH ORLANDO FI	SEMORAN BL	VD.		
21	Place of Business		2a. Mailing				
Sulte, Apt	. #, OC.		27 Suite, A	ot.#, etc.			
City & Sta	le		City & S	tate			
Zip	Count	try	Zip		Cour	ntry	
24	9. Name and Addr	and of Current P	29		30		
CAE	RERA, GLORIA A.	oss of Current P	egistered Ag	911L		81	Na
	S. SEMORAN BLVD.					00	
	ANDO FL 32807				1	82	Str
					Ī	83	
D V 25	r Africa				}	84	Cit
SIGNATURE	Signature, typed or printed nam			(NO	E Registered	Ager	nl s gri
12.	T <b>B</b>	OFFICERS AND D		DELETE	13.		
NAME	CABRERA, GLORIA	A A.	,	A) OLICIE	1.1 TH : 1.2 NAI		
STREET ADDRESS	8509 PEPERCORN				1.3 STE		ADDRE
CITY-ST-ZIP	ORLANDO FL				1.4 CIT	Y-\$1	I - 21P
TITLE	VD			DELETE	2.1 111	LE	
NAME OTOGET ADDOGGO	GODEN, YANITZA 8509 PEPERCORN	(ND)\/E			2.2 NAI		. p. b
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL	UNIVE			2.3 STF		
TITLE	ST			DELETE	2 4 CIT		1-20
NAME	ALEMAN, LUISA		-		3.2 NAI		
STREET ADDRESS	8509 PEPERCORN	DRIVE			2 2 276	REET.	ADDRE
CITY-ST-ZIP	ORLANDO FL				3.3 511		
TITLE	UNDANDO FL		· · · · · · · · · · · · · · · · · · ·	<b>-</b> 20 -	3.4. CI	_	1 - ZIP
NAME	UNDANDO FL	· · · · · · · · · · · · · · · · · · ·		DELETE	3.4. CD 4.1 TH	LE	1 - ZIP
DADGLA TOURS	· ONLANDO FL			DELETE	3.4. CIT 4.1 TITI 4. 2 NA	LE ME	
STREET ADDRESS			Ţ	DELETE	3.4. CIT 4.1 TITI 4. 2 NA 4.3 STF	LE IME REET I	ADDRE
STREET ADDRESS CITY-ST-ZIP TITLE	ONLONDO FL			DELETE	3.4. CIT 4.1 TITI 4. 2 NA	LE IME REET I Y-ST	ADDRE
CITY-ST-ZIP	ONLONDO FL				3.4. CIT 4.1 TITI 4. 2 NA 4.3 STF 4.4 CIT	LE AME REET A Y-ST LE	ADDRE
CITY-ST-ZIP TITLE	ORDANDO FL				3.4. CD 4.1 TH 4. 2 NA 4.3 STF 4.4 C/T 5.1 TH	LE (ME REET / Y-ST LE ME	ADDRE - Zip
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONLONDO PL			DELETE	3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAJ 5.3 STF 5.4 CIT	LE AME REET A Y-ST LE ME REET A Y-ST	ADDRE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ONLONDO PL				3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI	LE WEET A Y-ST LE ME REET A Y-ST	ADDRE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ONLONDO FL			DELETE	3.4 CIT 4.1 TITI 4.2 NA 4.3 STR 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STR 5.4 CIT 6.1 TITI 6.2 NAI 6.2 NAI 6.2 NAI	LE AME REET / LE ME V-ST LE ME LE LE ME ME ME	ADDRE - ZIP ADDRE I- ZIP
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ONLONDO PL			DELETE	3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI	LE AME AME Y-ST LE Y-ST LE LE LE LE AME AME AME AME AME AME AME AME AME AM	ADDRE - ZIP ADDRE - ZIP

**FILED** Mar 13 1997 8:00am Secretary of State

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	,	CHEMINO TE VEGO GIET							
		;		3. Date Incorporated or Qualified 12/17/1991	3. Date Incorporated or Qualified 12/17/1991 3a. Date of Last Rep 03/21/1996				
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		oplied For		
21		26		65-0295538	<del></del>	ot Applicable			
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 Additional			
22		27		5. Certificate of Status Desired	Fee Required				
City & Stat	ө	City & State		6. Election Campaign Financing	\$5.00	May Be			
23	•	26			Trust Fund Contribution	☐ Added t			
Zip	Country	Zip	Coun	try	8. This corporation has liability for	intangible tax under s	. 199.032,		
24	25	29	30			]Yes ☐ No	,		
9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Agent			
CAB	RERA, GLORIA A.		- 1	Name		-			
	S. SEMORAN BLVD.		١.	Olen et	Addison (D.O. Day M. sharin Mat. Assessable	.1-3			
	ANDO FL 32807	82 Street Add		Street	Address (P.O. Box Number is Not Acceptab	ле)	ļ		
Ono	ANDO I C OFOO!								
<b>5 V</b> 25 公徽 2 1 2 2				4 City		las I Zio	Code		
					•	FL			
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State c	and 607.1508, Florida Statutes f Florida. Such change was au	s, the abo ithorized	ove-named by the cor	corporation submits this statement for the poration's board of directors. I hereby acceptance	surpose of changing its of the appointment as	s registered   registered		
agent. I a SIGNATURE	ım tamıllar with, and accopt the obligat	ions of, Section 607.0505, Flori	ioa Statu	ies.					
OIOIATORE	Signature, typed or printed name of registered agent	and litte II applicable (NOTE	Registered .	lgent signature	required whon reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE				
- TITLE	P	<b>™</b> DELETE	1.1 THU	F	<i>P</i>	Change	☐ Addition		
NAME	CABRERA, GLORIA A.		1.2 NAM	E	YAnitza Goden		1;		
STREET ADDRESS	8509 PEPERCORN DRIVE		1.3 STR	ET ADDRESS	8504 Peppercern Dr Onlando FL 3282		1		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY	-ST-ZIP	Onlando FL 3282	<b>5</b>			
TITLE	VO	DELETE	2.1 TITL	E	VD	Change	Addilion		
NAME	GODEN, YANITZA		2.2 NAM	E	Gloria Cabrera		ĺ		
STREET ADDRESS	8509 PEPERCORN DRIVE		2.3 STR	ET ADDRESS	ا مساسما				
CITY-ST-ZIP	ORLANDO FL			(-ST-ZIP	Orlando PL BARAT	_	ĺ		
TITLE	ST	DELETE	3 1 TITL		, , , , , , , , , , , , , , , , , , , ,	Change	Addition		
NAME	ALEMAN, LUISA	<del></del>	3.2 NAM				_		
STREET ADDRESS	8509 PEPERCORN DRIVE	•		ET ADDRESS			1		
1	ORLANDO FL						i		
CITY-ST-ZIP	ONDANDO FL	DELETE	4.1 TITL	/-S1-ZIP		Change	Addition		
		C prette				∟] Change	LI AUGINOII		
NAME			4. 2 NA				1		
STREET ADDRESS			4.3 STRI	ET ADDRESS					
CITY-ST-ZIP			-	- ST - Z1P					
TITLE		☐ DELETE	5.1 THL	E		L. Change	Addition		
NAME			5.2 NAM	E			1		
STREET ADDRESS			5.3 STR	ET ADDRESS			1		
CITY+ST-ZIP			5.4 CITY	- \$1 - ZIP		•			
TITLE		DELETE	6.1 TITL	:		Change	Addition		
NAME			6 2 NAW	Ε					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			1	-ST-ZIP					
	by cartify that the information cumplied	with thin tilling door not availe.			totod in Paction 110 07/2VI) Florida Statuta	a I death as a will a that	Ab. a		

I do hereby certify that the information supplied with this filing does not quality 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.

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