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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **V05038** **(7)**

1. Corporate Name

**VIAJES TONY TRAVEL AND TOURS INC.**

Principal Address

5905 TOMOKA DR
ORLANDO FL 32809
US

Mailing Address

5163 VINELAND RD.
ORLANDO FL 32811

3. Date Incorporated or Qualified: **01/08/1992**

3a. Date of Last Report: **04/04/1995**

4. FEI Number: **59-3099475** [ ] 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. Does corporation have liability for unemployment tax under s. 443.036, Florida Statutes? [ ] Yes [ ] No

2. Principal Place of Business

21 Street Address

22 Suite

23 City

24 State 25 Zip Code

2a. Mailing Address

26 5905 TOMOKA DR.

27 Suite, Apt. Room

28 City, State or Country ORLANDO, FL

29 Zip 32809 30 County ORANGE

9. Name and Address of Current Registered Agent

DE LA CRUZ, JOSE A.
5213 VINELAND ROAD
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. [illegible] Florida Statutes, [illegible] corporation submits this statement for the purpose of changing its registered office [illegible] by this corporation's board of directors. I hereby accept the appointment as registered agent. I am [illegible] Florida Statutes.

[illegible]

12. OFFICERS AND DIRECTORS

D
DE LA CRUZ, RAMON A.
5163 VINELAND ROAD
ORLANDO FL

D
DE LA CRUZ, JOSE A.
5213 VINELAND ROAD
ORLANDO FL

[ ] Delete

[ ] Delete

[ ] Delete

[ ] Delete

[ ] Delete

[ ] Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title [illegible] [ ] Change [ ] Addition

Name

Mailing Address

City, State, Zip

Title [illegible] [ ] Change [ ] Addition

Name

Mailing Address

City, State, Zip

Title [illegible] [ ] Change [ ] Addition

Name

Mailing Address

City, State, Zip

Title [illegible] [ ] Change [ ] Addition

Name

Mailing Address

City, State, Zip

Title [illegible] [ ] Change [ ] Addition

Name

Mailing Address

City, State, Zip

Title [illegible] [ ] Change [ ] Addition

Name

Mailing Address

City, State, Zip

14. [illegible] Section 119.07(3)(o), Florida Statutes. I further [illegible] report is true and correct, and that my signature shall have the same legal effect as if made under [illegible] Chapter 607, Florida Statutes, and that my name [illegible]

SIGNATURE: JOSE A. DE LA CRUZ 1/23/96 407-857-6005

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

CR2E034 (12/95)