**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90001 021 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **V25854** 1. Corporation Name

NEW PORT TOURS INC.								
						i i bank bilala niami bilali milali milili mini mini	ALAN ATAN ATA	
Principal Pla	ce of Business	Mailing Address					a.a.i. misti aisi	81811 81811 1881
150 SE 2ND AVENUE 150 S.E. 2ND AVE.						·		
SUITE 1108 SUITE 1010 MIAMI FL 33131 MIAMI FL 33131						DO NOT WRITE IN THIS	SPACE	
US				3. Date incorporated or Qualifed			JOFACE	
						04/02/1992		
2. Principal !	Place of Business	2a. Mailing Address				4. FEI Number	I A	pplied For
21		26				65-0322577		lot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.						Additional
22 27						5. Certificate of Status Desired	Fee F	Required
City & Sta	ite	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year in	tangible	,
24	25	[29]	30			Personal Property Tax.	∐Yes	FANo
	9. Name and Address of Currer	nt Registered Agent		81 Nai		10. Name and Address of New Registered	Agent	<u> </u>
HAL	AS, GYORGE		ľ	I IVAI	116		•	ļ
150 SE 2ND AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			•	
SUITE 1108			<u> </u>	83			25 S S S S S S S S S S S S S S S S S S S	
MIA	MI FL 33131					· · · · · · · · · · · · · · · · · · ·		
			[1	84 City	1	<b>EI</b>	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statute	es, the ab	ove-nam	ned corpo	ration submits this statement for the purpose of	= .! [ changing it:	s registered
office or	registered agent, or both, in the State	of Florida: Such change was at	uthorized	by the c	orporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the appo	intment as r	egistered
	r / .)// )	mons of Section 607.0000, Fior	ioa Statut	.03.		1/27/	99	
SIGNATURE	Signature typed or printed name of registered age	nt and title if applicable. (NOTE:	: Registered A	gent signat	ure required :	when reinstating) DATE	<i>t:</i>	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12
TITLE	0//////	☐ DELETE	1,1 TITL	Е			☐ Change	Addition
NAME	RUCHTA, SUEL DE FATIMA		1.2 NAM	Œ			7	-
STREET ADDRESS			1.3 STR	EET ADDRE	ESS			
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY	/- ST- 7IP				
TITLE	0				-			
NAME	HALAS, GYORGE	☐ DELETE	2.1 TITL	E			. Change	☐ Addition
STREET ADDRESS		☐ DELETE	2.2 NAM	E			☐ Change	Addition
CITY-ST-ZIP	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	2.2 NAM	E	SS		Change	Addition
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14. I 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 ecceiver 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 chargest or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #