

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

4 61-25

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Sep 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V27545  
1. Corporation Name

CAPITOL TOURS, INC. d/b/a ROCA TOURS, INC.

Principal Place of Business	Mailing Address
6405 N.W. 36 STREET, SUITE 112 MIAMI, FLORIDA 33166	

2. Principal Place of Business	26. Mailing Address
21 6405 N.W. 36TH STREET	26 6405 N.W. 36ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 112	27 112
City & State	City & State
23 MIAMI, FLORIDA	28 MIAMI, FLORIDA
Zip	Zip
24 33166	29 33166
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
4-6-92	
4. FEI Number	Applied For
65-0325586	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JOCELYN CANDELARIO  
6405 N.W. 36TH STREET SUITE 112  
MIAMI, FLORIDA 33166

10. Name and Address of New Registered Agent

81 Name	JACKELINE ZANENGA
82 Street Address (P.O. Box Number is Not Acceptable)	6405 N.W. 36TH STREET SUITE 112
83	
84 City	MIAMI
85 Zip Code	FL 33166

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

08-28-97

12. OFFICERS AND DIRECTORS

TITLE	JOCELYN CANDELARIO	<input checked="" 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AMAURI MONGE FERNANDES	
1.3 STREET ADDRESS	6405 N.W. 36TH STREET SUITE 112	
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33166	
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANTONIO BENEDICTO DE MORA ES	
2.3 STREET ADDRESS	6405 N.W. 36 STREET suite 112	
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33166	
3.1 TITLE	Vice President/Reg. Agent	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JACKELINE ZANENGA	
3.3 STREET ADDRESS	6405 N.W. 36TH STREET SUITE 112	
3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33166	
4.1 TITLE	Vice-President / SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CARLOS ANDREACI	
4.3 STREET ADDRESS	6405 N.W. 36TH STREET SUITE 112	
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33166	
5.1 TITLE	ALESSANDRO PIGNATARI COR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CORREA	
5.3 STREET ADDRESS	6405 N.W. 36TH ST, MIAMI, FL 33166	
5.4 CITY-ST-ZIP	Vice-President	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600002283586	
6.3 STREET ADDRESS	-09/03/97--01031--001	
6.4 CITY-ST-ZIP	***61.50	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-97

Date

Daytime Phone #

CR2E034 (9/96)