

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V28196 (6)
1. Corporation Name
FREE WAY MIAMI, INC.

Principal Place of Business

Mailing Address

25 S.E. 2ND AVE.
SUITE 301
MIAMI FL 33131
US

25 S.E. 2ND AVE.
SUITE 301
MIAMI FL 33131
US

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

04/13/1992

3a. Date of Last Report

02/09/1996

4. FEI Number

65-0324757

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. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

LOMBARDI, SILVANA E
25 SW 2ND AVE
SUITE 301
MIAMI FL 33131

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. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTD
NAME LOMBARDI, SILVANA E
STREET ADDRESS 25 SE 2ND AVE., #301
CITY-ST-ZIP MIAMI FL

DELETE

TITLE VTD
NAME LOMBARDI, SILVANA
STREET ADDRESS 25 SE 2ND AVE 301
CITY-ST-ZIP MIAMI FL

DELETE

TITLE TD
NAME LOMBARDI, SILVANA
STREET ADDRESS 25 S.E. 2ND AVE. # 307
CITY-ST-ZIP MIAMI FL

DELETE

TITLE PSD
NAME CAREY, EDUARDO JORGE
STREET ADDRESS 25 SE 2ND AVE 301
CITY-ST-ZIP MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

500002264725--4
-08/12/97--01064--022
****165.00 ****165.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

Liliana Bignes
25 SE 2nd Ave. S. 301
Miami, FL 33131

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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. 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 REQUIRED

7/31/97 (24) 579-9820

CR2E034 (4/97)

2

Miami, July 31, 1997

Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern:

I am sending this letter to inform you that I didn't receive the first letter for the payment of the Annual Report.

Now I am sending check for \$ 165 and my Annual Report as I was told to do for your officer, requesting to you to accept my check and my explanation for doing so.

I hope it doesn't happen again, then I can send payments on time avoiding any problem and extracharges.

Waiting for a positive response.

Cordially,



Leda Nasio

FREE WAY MIAMI, Inc., Receptive Tour Operator

Phone: (305) 579-9820 Fax: (305) 579-9134

25 S.E. Second Avenue, Suite #301

Miami, Florida 33131

