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DOCUMENT # V33131 1. Entity Name AMERICAN SIGHTSEEING, INC.						FILE® 03 MAR TO AM 9:51			
Principal Place of Business 11077 NW 36TH AVE. MIAMI FL 33167-3711		Mailing Address ONE RIVERWAY SUITE 500 HOUSTON TX 77056 US			SEGRETALY OF STATE TALLAHASSEE, FLORINA				
Principal Place of Business A. Mailing Address						01811 Bibli 91811 A	JOH 110H 1501		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State		4. F	El Number 65-0332986	-	oplied For ot Applicable	
Zip	Country Zip Cour		Coun	try	5. (Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name	and Address of Current R	egistered Agent			7. 1	lame and Address of New Registered	Agent	
					Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301									
					City FL Zip Code				
	named entity		he purpose of changing its	s registere	ed office or regi	stered age	ent, or both, in the State of Florida. I am	familiar with,	and accept
SIGNATURE		or printed name of registered agent and	tittle if applicable. (NOT	E: Registered	d Agent signature requ	uired when re	instating) DATE		
	<u> </u>		<u> </u>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10.		OFFICERS AND D	L RECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YOUNG, D ONE RIVE HOUSTON	DAVID RWAY SUITE 500	☐ Delete	TITLE NAME STRE	1	,,,,	511010,011110210	☐ Change	Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



Vage 2012

ACCOUNT NO. : 072100000032

REFERENCE :

958030

7111512

AUTHORIZATION

COST LIMIT

\$ 150.00

ORDER DATE: March 7, 2003

ORDER TIME: 12:07 PM

ORDER NO. : 958030-240

CUSTOMER NO: 7111512

CUSTOMER: Kim Steiger

Coach Usa Suite 500 One Riverway

Houston, TX 770561903

ANNUAL REPORT FILING

NAME: AMERICAN SIGHTSEEING, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#1155

EXAMINER'S INITIALS: