

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90030 001 ***150.00

DOCUMENT # V35134

1. Corporation Name
TRAVELONG TOURS INC.

Principal Place of Business
8345 CORAL WAY
MIAMI FL 33155

Mailing Address
8345 CORAL WAY
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1992

4. FEI Number

65-0342346

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FONSECA, OLIMPO A
8345 CORAL WAY
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

ONEYDO DORTA

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

1401 S.W. 84 COURT

83

MIAMI, FL

84

City

FL

85

Zip Code

33144

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

Oneydo Dorta

ONEYDO DORTA

3/22/99

Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	FONSECA, OLIMPO A	
STREET ADDRESS	8345 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	DELETE
NAME	FONSECA, MARTHA	
STREET ADDRESS	8345 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	DELETE
NAME	FONSECA, BECKY	
STREET ADDRESS	8345 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	DELETE
NAME	FONSECA, SANDRA	
STREET ADDRESS	8345 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Change	Addition
1.2 NAME	DORIS MARTINEZ		
1.3 STREET ADDRESS	8345 CORAL WAY		
1.4 CITY-ST-ZIP	MIAMI, FLA		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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 with all other like empowered.

SIGNATURE:

X [Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

0224364