

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V36897** (9)

1. Corporation Name

ATLANTIC TOURS AND TRANSPORTATION, INC.



Principal Place of Business

Mailing Address

7061 GRAND NATIONAL DR
STE 131
ORLANDO FL 32819
US

7061 GRAND NATIONAL DR
STE 131
ORLANDO FL 32819
US

3. Date Incorporated or Qualified

05/18/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACK, JAN M.S.
1500 SAN REMO AVE
STE 125
CORAL GABLES FL 33146

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

(Sign in ink, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ABDALLA, JOSE A
STREET ADDRESS 500 SAN REMO AVE., STE 125
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE PD
1.2 NAME Abdala, Carlos A., Q.
1.3 STREET ADDRESS 7061 Grand National Drive, #131
1.4 CITY-ST-ZIP Orlando, Florida 32819

TITLE TS
NAME SANTOS, SUELI DOS
STREET ADDRESS 1013 S. HIAWASSEE RD., #3621
CITY-ST-ZIP ORLANDO FL

2.1 TITLE VPD
2.2 NAME Abdala, Jose A., G.
2.3 STREET ADDRESS 1500 San Remo Avenue, Ste. 125
2.4 CITY-ST-ZIP Coral Gables, Florida 33146

TITLE VP
NAME DE FRANCA ABDALLA, MIRIAM G
STREET ADDRESS 1500 SAN REMO AVE., SUITE 125
CITY-ST-ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08th/96 (407) 3540379

Date

Daytime Phone #

CR2E034 (12/95)