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Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

7061 GRAND NATIONAL DR  
STE 131  
ORLANDO FL 32819  
US

Mailing Address

7061 GRAND NATIONAL DR  
STE 131  
ORLANDO FL 32819-8806  
US

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

3. Date Incorporated or Qualified  
05/18/1992

3a. Date of Last Report  
04/12/1996

4. FEI Number

59-3148899

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BLACK, JAN M.S.  
1500 SAN REMO AVE  
STE 125  
CORAL GABLES FL 33148

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 true if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS ABDALLA, JOSE A  
CITY-ST-ZIP 1500 SAN REMO AVENUE, SUITE 125  
CORAL GABLES FL

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

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

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS ABDALA, CARLOS A. Q.  
CITY-ST-ZIP 7061 GRAND NATIONAL DRIVE, #131  
ORLANDO 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

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 recipient 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]* PRESIDENT 04/1-25-97 (607) 354 0338

CR2E034 (9/96)