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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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 33148

81 Name

Carlos A. Abdalla

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

7061 Grand National Drive Ste 131

83

84 City

Orlando

FL

85 Zip Code

32819

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

Carlos A. Abdalla

(NOTE: Registered Agent signature required when reinstating)

DATE

04-27-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

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.

SIGNATURE

Carlos A. Abdalla

CARLOS A. ABDALLA 04-27-98 (407)3540338

CR2E034 (10/97)