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

DOCUMENT # **V36897**

1. Corporation Name

	C TOURS AND TRANSPO						
Principal Place of Business Mailing Address					ļ		
7061 GRAND NATIONAL DR STE 131 TO61 GRAND NATIONAL DR STE 131					İ		
STE 131 SIE 131 ORLANDO FL 32819 ORLANDO FL 32819					DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed 05/18/1992		,
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26					59-3148899		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional
27					5. Schmodo et chalar results		Required
City & State City & State					6. Election: Campaign. Financing	' - '	0_May:Be
23 28			0		Trust Fund Contribution		d to Fees
Zip Country Zip			_	Country 8. This corporation owes the current year Intangible Personal Property Tax.		□No	
24	25		30	_	10. Name and Address of New Regist		
	9. Name and Address of Curi	ent Registered Agent	8	Name	10. Hante arta Madreso of Meli Magret		
ABDALA, C A							
7061 GRAND NATIONAL DR			8	Street Addr	ress (P.O. Box Number is Not Acceptable)		
STE 131			8	33		Services	1777.48
ORLANDO FL 32819			L				0-4-
				34 City		FL 85 Zig	p 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Ē		Chang	ge
NAME	ABDALLA, JOSE A 1500 SAN REMO AVENUE, SUITE 125		1.2 NAME 1.3 STREET ADDRESS				ł
STREET ADDRESS							
CITY-ST-ZIP	CORAL GABLES FL			-ST-ZIP			
TITLE	PSD	☐ DELETE	2.1 TITL	E		☐ Chang	je
NAME	TABLESS TOO! OF STATE TO THE DELICATION OF THE D			E			
STREET ADDRESS				EET ADDRESS			-
CITY-ST-ZIP	ORLANDO FL			Y-ST-ZIP		Chang	ge Addition
TITLE		☐ DELETE	3.1 TITL			Chang	
NAME			3.2 NAM				
STREET ADDRÉSS				EET ADDRESS		7 - 7	16.
CITY-ST-ZIP		☐ DELETE	3.4. CIT	Y-ST-ZIP		Chang	e Addition
TITLE		□ pere₁e	4. 2 NAM	_	• • • • • • • • • • • • • • • • • • • •	, ,	
NAME				EET ADDRESS			
STREET ADDRESS				-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	5.1 TITL			Chang	ge Addition
NAME		_	5.2 NAM	IE			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY	/-ST-ZIP	·		
TITLE		☐ DELETE	6.1 TITL	E		☐ Chang	ge
NAME			6.2 NAM	Æ	•		
CTDEET ADDRESS			6.3 STR	EET ADDRESS			

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 chapted or on an attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90031 020 ***150.00