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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # V40574 (8)

1. Corporation Name
CIAO TOURS, INC.

Principal Place of Business	Mailing Address
5619 PGA BLVD. APT. 1228 ORLANDO FL 32839	6000 S. RIO GRANDE AVE. SUITE 203C ORLANDO FL 32809 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3125257 — 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

2. Principal Place of Business	2a. Mailing Address
21 6000 S. RIO GRANDE AVE	26
Suite, Apt. #, etc.: 22 STE 203 C	Suite, Apt. #, etc.: 27
City & State: 23 ORLANDO FL	City & State: 28
Zip: 24 32809 — Country: 25 USA	Zip: 29 — Country: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERMAN, JED 180 S. KNOWLES AVENUE WINTER PARK FL 32789	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	DELETE ☐ Change ☐ Addition
NAME	VIVIANI, MASSIMO	1 2 NAME	
STREET ADDRESS	501 FIFTH AVE., SUITE 903	1 3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1 4 CITY-ST-ZIP	
TITLE	VP	2 1 TITLE	P/T/S ☒ Change ☐ Addition
NAME	BARBIERI, ROBERTA	2 2 NAME	
STREET ADDRESS	6000 S. RIO GRANDE AVE., SUITE 203C	2 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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: Roberta Barbieri ROBERTA BARBIERI JUN 30, 95 (407) 856 8525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0058945 CP