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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V40574

(8)

CIAO TOURS, INC.

FILED
Apr 28 1997 8:00am
Secretary of State

	e of Business Grande Avenue 32809	6000 S. Ri Suite 203	Mailing Address 6000 S. RIO GRANDE AVE. SUITE 203C ORLANDO FL 32809-4650 US					
US						3. Date Incorporated or Qualified		
		1 6 14 9				06/01/1992	04/18/198	
	lace of Business	2a. Mailing	g Address			4. FEI Number	<u></u>	Applied For
Suite, Apt	# etc	[26] Suite	Apt. #, etc.		·	59-3125257	_ \$8.7	Not Applicable 5 Additional
22	7,000	27	ript. n, oto.			5. Certificate of Status Desired		e Required
City & Stat	(e	City &	State			6. Election Campaign Financing	\$5.	00 May Be
23		28				Trust Fund Contribution	☐ Adk	ded to Fees
Zφ	Country	Zip		Coun	ry	8. This corporation has liability for	~	er s. 199,032,
24	25	[29]		30			Yes No	
	9, Name and Address of C	urrent Registered A	gent		41 47	10. Name and Address of New R	egistered Agent	
BER	iman, jed			ľ	11 Name			
	S. KNOWLES AVENUE			ē	2 Street A	Address (P.O. Box Number is Not Accepta	able)	
WIN	TER PARK FL 32789			1	13			
				į.	City		FL 85	Zip Code
SIGNATURE	Signature, specifor printed name of register OFFICER	red agont and litto if applica	ble (NO	TE Registered	Agent signature i	required when reinstating) ADOITIONS/CHANGES TO OFF	DATE ICERS AND DIREC	TORS IN 12
TELE	PTS		DELETE	1.1 T(T)	E		☐ Chai	nge 🔲 Addition
							L., Cilai	المانية المانية
NAME	BARBIERI, ROBERTA			1.2 NAN	re		(110)	go
NAME STHEET ADDRESS	6000 S. RIO GRANDE AVI	E., SUITE 203C			EET ADDRESS		Cria	
		E., SUITE 203C		1.3 STR				
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STHEET ADDRESS CITY: \$1 - Z#* TITLE NAME	6000 S. RIO GRANDE AVI	E., SUITE 203C	DELETE	1.3 STR 1.4 CFTV 2 1 TITL 2.2 NAM	EET ADDRESS '-ST-ZIP E			
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I. Los 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARR 22,97

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