5-7-97 B-6576 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

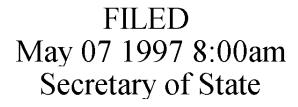
DOCUMENT #
1. Corporation Name

(8)

NICATOURS, INC.

Principal Place of Business

Mailing Address





436 SW BTH MIAMI FL 331		8758 SW 8TH STREET MIAMI FL 33174-3201							
					3. Date Incorporated or Qualified 06/11/1992	3e. Date of Last Report 05/13/1996			
2. Principal Place of Business		2a. Mailing Address	 		4. FEI Number 65-0341323	Applied For		1	
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	·····		007034 1323	Not Applicable \$8.75 Additional			
22		27	<u> </u>		5. Certificate of Status Desired		Fee Required		
City & Stet		City & State	28		Election Campaign Financing Trust Fund Contribution		\$5.00 May Bo Added to Fees		
Zip 24	Country 25	Ζφ 29	Gount 30	ry	8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No				
NA	9. Name and Address of Cu	irrent Registered Agent	8	1 Name	10. Name and Address of New Reg	istered Ag	ent		_
	iz, damaris 10 fontainebleau blyd								
	WI FL 33172		82 Street Addre		dress (P.O. Box Number is Not Acceptab	le)			
			8	3					1
•			8	4 City	V	FL	85 Z	rp Code	1
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508. Florida Statut	es, the abo	ve-named co	rooration submits this statement for the p		nannin	a its registered	-
office or agent. I a	registered agent, or both, in the S am familiar with, and accept the o	State of Florida, Such change was a abligations of, Section 607,0505, Flo	authorized I	by the corporates	rporation submits this statement for the plation's board of directors. I hereby accep	t the appoir	lment	as registered	
SIGNATURE			The Court						
`	Signature, typed or printed name of registure			gent signalure req	ured when reinstating)	DATE]_
12. TITLE	OFFICERS	AND DIRECTORS	13.	_	ADDITIONS/CHANGES TO OFFIC		IRECT Chang		Ş
NAME	QUANT, ABRAHAM	- Miller	1.2 NAMI	1		L	j Onang	ac ["] Younnou	9
STREET ADDRESS 2525 SW 109TH AVENUE			1.3 STREET ADDRESS						Š
CITY-ST-ZIP	MIAMI FL 33165		1.4 CHY-						I C
TITLE	8 □ DELETE 2:110		2.1 1111.E				Chang	ge Addition	ľ
NAME				? ? NAME					
STREET ADDRESS	9440 FONTAINEBLEAU BL	VD.	2.3 STREET ADDRESS						ŀ
CITY-ST-ZIP	MIAMI FL 33172		2. 4 CITY						
TITLE	☐ DELETE 3 31					L	_ Chang	ge [] Addition	İ
STREET ADDRESS			3.2 NAM						
CITY-ST-ZIP			3.4. CHY	ET ADDRESS					
TITLE	DELETE				Change Addition				1
NAME			4. 2 NAM	E		_		,	
STREET ADDRESS			4.3 STREE	FT AUDRESS					
CITY-ST-ZIP			4.4 CITY	- S1 - 7IP					
TITLE		☐ DELETE	5.1 Tr1L€				Chang	je 🔲 Addition	1
NAME			5.2 NAME						
STREET ADDRESS			1	E1 ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CHY				1 80 -		
NAME		(1) present	G.1 TITLE			L _	J Chang	ge [_] Addition	
STREET ADDRESS			6.2 NAME	ET ADDRESS					
CITY-ST-ZIP			6.4 City						

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 eath; 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.