FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V56881** **(8)**

1. Corporation Name

CAESAR'S TOURS, INC.

Principal Place of Business
1005 W. OAKRIDGE ROAD
5
ORLANDO FL 32809
US

Mailing Address
P.O BOX 422737
5
KISSIMMEE FL 34742-2737
US

3. Date Incorporated or Qualified: 08/07/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 1121 E. Vine Street
Suite, Apt. #, etc.
22 OakTree Plaza
City & State
23 Kissimme, Florida
Zip 24 34744
Country 25 Osceola

2a. Mailing Address
26 1121 E. Vine Street
Suite, Apt. #, etc.
27 OakTree Plaza
City & State
28 Kissimmee, Florida
Zip 29 34744
Country 30 Osceola

4. FEI Number: 59-3135607 — 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

9. Name and Address of Current Registered Agent

BAEZ, CESAR
1621 REGAL COVE CT
, SUITE 4 & 5
KISSIMME FL 34744

10. Name and Address of New Registered Agent

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: Signature, typed or printed name of registered agent (at time of change) — (NEW Registered Agent's signature required for registering) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD ☐ DELETE
NAME	BAEZ, CESAR
STREET ADDRESS	1621 REGAL COVE CT
CITY-ST-ZIP	KISSIMMEE FL
TITLE	S-VICE PRESIDENT ☐ DELETE
NAME	MEDINA, MARGARITA
STREET ADDRESS	11613 Kenley Cir. Orlando, FL 32824
CITY-ST-ZIP	
TITLE	Director ☐ DELETE
NAME	Rafael A. Baez
STREET ADDRESS	Calle 35 AR-13 Toa Alta Heights
CITY-ST-ZIP	Toa Alta, P.R.
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***200.00

5-1-96

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(3)(k), 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: / CESAR BAEZ / President — April 16 / 96 — 407-931-3025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)