FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 6:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V58712** **(3)**

1. Corporation Name
BON JOUR TOUR & TRAVEL, INC.

Principal Place of Business	Mailing Address
992 N. SEMORAN BLVD. SUITE B ORLANDO FL 32807 US	992 N. SEMORAN BLVD. SUITE B ORLANDO FL 32807 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/17/1992
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3138393 ☐ 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

JONES, VIOLETA
601 RED MAPLE CT
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name: NALOY DIAZ
82 Street Address (P.O. Box Number is Not Acceptable): 601 RED MAPLE CT
83:
84 City: OVIEDO FL 85 Zip Code: 32765

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: Naloy Diaz NALOY DIAZ PRESIDENT APR 6 - 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☐ Change ☐ Addition
NAME	DIAZ, NALDY	12 NAME	DIAZ, NALOY
STREET ADDRESS	601 RED MAPLE CT	13 STREET ADDRESS	601 RED MAPLE CT
CITY-ST-ZIP	OVIEDO FL	14 CITY-ST-ZIP	OVIEDO FL.
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	DIAZ, WILLIAM	22 NAME	
STREET ADDRESS	601 RED MAPLE CT.	23 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	DIAZ, WILLIAM	32 NAME	
STREET ADDRESS	601 RED MAPLE CT.	33 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	S ☐ Change ☐ Addition
NAME	LEBRON, JENNY	42 NAME	DIAZ, NALOY
STREET ADDRESS	1105 BRANCHWOOD DR.	43 STREET ADDRESS	601 RED MAPLE CT.
CITY-ST-ZIP	APOPKA FL	44 CITY-ST-ZIP	OVIEDO FL.
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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(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: Naloy Diaz NALOY DIAZ APR 6 - 1995 (407) 3826688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067797 CP