

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 495261 (0)

1. Corporation Name
AIB TRAVEL AND TOURS, INC.



Principal Place of Business: 2500 NW 79 AVE, CORAL GABLES FL 33122 US
 Mailing Address: 2500 NW 79 AVE, CORAL GABLES FL 33122 US

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields for additional offices.

3. Date Incorporated or Qualified: 05/03/1976
 3a. Date of Last Report: 05/01/1995
 4. FEI Number: 59-1763159
 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
**LOPEZ, JORGE A.
 2500 NW 79TH AVE.
 MIAMI FL 33122**

10. Name and Address of New Registered Agent (81-84) and Zip Code (85): **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	C	ALVAREZ, JOSE M.	<input type="checkbox"/> DELETE
NAME		2500 NW 79 ST	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE	TD	TORGAS, ED S.	<input type="checkbox"/> DELETE
NAME		2500 NW 79 AVE	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE	P	DEL TORO, RODOLFO	<input checked="" type="checkbox"/> DELETE
NAME		2500 NW 79 AVE	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE	DAS	SOTO, JOHN M.	<input type="checkbox"/> DELETE
NAME		2500 NW 79 AVE	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE	S	LOPEZ, JORGE A.	<input type="checkbox"/> DELETE
NAME		2500 NW 79 AVE	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCP	ALVAREZ, JOSE M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		2500 N.W. 79TH AVE	
1.3 STREET ADDRESS		MIAMI, FL 33122	
1.4 CITY-ST-ZIP			
2.1 TITLE	V	PALMERO, MERCEDES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		2500 N.W. 79TH AVE	
2.3 STREET ADDRESS		MIAMI, FL 33122	
2.4 CITY-ST-ZIP			
3.1 TITLE	V	FERNANDEZ, SERGIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		2500 N.W. 79TH AVE	
3.3 STREET ADDRESS		MIAMI, FL 33122	
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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(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: *Jorge A. Lopez* JORGE A. LOPEZ 4/29/96 (305) 715-0000 Ext. 3379

CR2E034 (12/95)