

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 # 473699 (7)

1. Corporation Name

BANCOR INTERNATIONAL TRAVEL WHOLESALERS, INC.



Principal Place of Business

Mailing Address

C/O LESLIE ALAN ROZENCWAIG ESQ.
1 BISCAYNE TOWER, 2 S. BISCAYNE BLVD. #3270
MIAMI FL 33131
US

C/O LESLIE ALAN ROZENCWAIG ESQ.
1 BISCAYNE TOWER, 2 S. BISCAYNE BLVD. #3270
MIAMI FL 33131
US

3. Date Incorporated or Qualified
04/07/1975

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 1 SE 3RD AVE

26 1 SE 3RD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 950

27 STE 960

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

24 33131

25 VS

29 33131

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESLIE ALAN ROZENCWAIG ESQ
2 SO. BISCAYNE BLVD.
STE. #3270
MIAMI FL 33131

81 Name LESLIE ALAN ROZENCWAIG, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
1 S.E. 3RD AVE.
83 STE. 960
84 City MIAMI FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0501 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 type and printed name of registered agent and, if not applicable,

(NOTE: Registered agent signature required when reinstating)

DATE 1/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LIMA, CARMEN	
STREET ADDRESS	TOWER 41 PINETREE DR	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIMA, CARLOS	
STREET ADDRESS	TOWER 41 PINETREE DR	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LIMA, ANTONIO	
STREET ADDRESS	150 S.E. 2ND AVE.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1 S.E. 3RD AVE. STE. 950
3.4 CITY-ST-ZIP	MIAMI, FLA 33131
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	600001746390
5.4 CITY-ST-ZIP	-03/18/96--01025--027
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***200.00
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied on 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS LIMA

03/12/96 (35) 3744770

CR2E034 (12/95)