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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED May 02 1997 8:00am Secretary of State

	1997	DIVISION OF CO	ORPORATIONS			
	MENT # F39165 K Travel agency, Inc.	5 (8)				
Principal Place	e of Business	Mailing Address			Birnii Birii Eirii Birii diali d	BHBII IBBI
O SE 2NO AVENUE IITE-2014 1005		150 SE 2ND AVENUE Suite 2022 100 S				
IIAMI FL 3313		MIAMI FL 33131-1528				
				3, Date Incorporated or Qualified 06/02/1981	3a. Date of Last Re 05/01/1996	eport
, Principal P	Sace of Business	2a. Mailing Address		4. FEI Number	 	oplied For
Suite, Apt.	#. elc	Suite, Apt. #, etc.	75	59-2167938	60.75	t Applicable
]		27		5. Certificate of Status Desired	Fee Re	
City & State	0	City & State		Election Campaign Financing	\$5.00	
L Zip	Country		Country	Trust Fund Contribution 8. This corporation has liability for	Added t	
	25		30	Florida Statutes	Yes No	
FIGI	Name and Address of Curre JEIREDO, CRISTINA B	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	B BRICKELL AVE #209		(BEORGE BRITO	-1-3	
	MI FL 33129		82 Street Add	dress (P.O. Box Number is Not Acceptate 107 LINCOLN ROAD.	SUITE 5-B	
			83			
			84 City	MIAMI BEACH	FI 85 3751	P996
Pursuant	to the provisions of Sections 207 05	i02 and 607 1508. Florida Statute	s the above-named co	VIANT BEAUT	FL 331	ts registered
office or r	to the provisions of Sections 607.05 registered agent, or boln, in the Stat on familiar with and accept the obli	le of Flarida, Such change was au	uthorized by the corpora	alion's board of directors. I hereby accept	pt the appointment as	registered
riganic ra						,
SNATURE	$N \longrightarrow V$	\sim			04/28/	92
	Styriation: tyriad printed name of registered a	genumid fine if applicable (NOTE:	Registered Agent signature requ	uired when reinstating)	0 9 / 28 / DATE	92
	Signature typical printed name of reportered a OFFICERS AI				0 9 / 28 / DATE	97 18 IN 12
•	Signature typical printed many of represent a OFFICERS AND FEBRAZ, SYLVIO	genyand fine if applicable (NOTE:	Registered Agent signature requ	uired when reinstating)	DATE CERS AND DIRECTOR	97 IS IN 12
Le Me Heet Address	Signature by an armited many of represent a Opt ICERS AN FERRAZ, SYLVIO 150 SE 2ND AVE. #707	genyand fine if applicable (NOTE:	Registered Agent signature required: 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE CERS AND DIRECTOR	92
Me Het Aŭddress Y- S1-74P	FEBRAZ, SYLVIO 150 SE 2ND AVE. #707 MIAMI FL	genytrid fire d applicable (NOTE) ND DIRECTORS DELETE	Registered Agent signature required 13, 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating)	DATE CERS AND DIRECTOR Change	97 AS IN 12 Addition
HET AUDRESS (Y- S1 7:P	FEBRAZ, SYLVIO 150 SE 2ND AVE. #707 MIAMI FL S FERRAZ, PAULO	genyand fine if applicable (NOTE:	Registered Agent signature required: 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE CERS AND DIRECTOR	97 18 IN 12
E ME HET AUDRESS (Y-S1-7-P E	FEBRAZ, SYLVIO 150 SE 2ND AVE. #707 MIAMI FL S FERRAZ, PAULO 150 SE 2ND AVE #707	genytrid fire d applicable (NOTE) ND DIRECTORS DELETE	Registered Agent signature required. 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	uired when reinstating)	DATE CERS AND DIRECTOR Change	97 AS IN 12 Addition
EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE	FEBRAZ, SYLVIO 150 SE 2ND AVE. #707 MIAMI FL S FERRAZ, PAULO	genytrid tire if appticable (NOTE) ND DIRECTORS DELETE	Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	uired when reinstating)	DATE CERS AND DIRECTOR Change	97 AS IN 12 Addition
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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 ceiver 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 on an attachment with an address.

SIGNATURE:

INTER NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #

0175459