

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jul 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000004393 (5)**

1. Corporation Name

ACAPULCO TRAVEL & TOURS, INC.

Principal Place of Business

**222 S. MAIN STREET
SANTA ANA CA 92701**

Mailing Address

**222 S. MAIN STREET
SANTA ANA CA 92701-5708**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1993		3a. Date of Last Report 04/30/1996	
21 18201 VON KARMAN (Suite) Apt. #, etc.		26 18201 VON KARMAN (Suite) Apt. #, etc.		4. FEI Number 33-0333175		Applied For Not Applicable	
22 1055 City & State		27 1055 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 IRVINE CA, 92612 Zip Country		28 IRVINE CA Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 U.S.		29 92612		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARENADO, TRAVEL DBA ACA 7795 W FLAGLER ST #42 MIAMI FL 33144				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) Same 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 and title if applicable

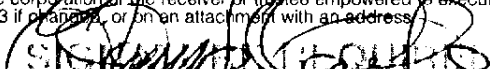
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PC	NAME	ARENADO, GERARDO	1.1 TITLE			
STREET ADDRESS	222 S. MAIN STREET	STREET ADDRESS	222 S. MAIN STREET	1.2 NAME	ADD		
CITY-ST-ZIP	SANTA ANA CA 92701	CITY-ST-ZIP	SANTA ANA CA 92701	1.3 STREET ADDRESS			
CITY-ST-ZIP	SANTA ANA CA 92701	CITY-ST-ZIP	SANTA ANA CA 92701	1.4 CITY-ST-ZIP			
TITLE	VPVC	NAME	ARENADO, FERNANDO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	222 S. MAIN STREET	STREET ADDRESS	222 S. MAIN STREET	2.2 NAME	ADD		
CITY-ST-ZIP	SANTA ANA CA 92701	CITY-ST-ZIP	SANTA ANA CA 92701	2.3 STREET ADDRESS			
CITY-ST-ZIP	SANTA ANA CA 92701	CITY-ST-ZIP	SANTA ANA CA 92701	2.4 CITY-ST-ZIP			
TITLE	SD	NAME	FUENTES, MERCEDES	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	222 S. MAIN STREET	STREET ADDRESS	222 S. MAIN STREET	3.2 NAME	ARENADO MERCEDES		
CITY-ST-ZIP	SANTA ANA CA 92701	CITY-ST-ZIP	SANTA ANA CA 92701	3.3 STREET ADDRESS	18201 VON KARMAN STE 1055		
CITY-ST-ZIP	SANTA ANA CA 92701	CITY-ST-ZIP	SANTA ANA CA 92701	3.4 CITY-ST-ZIP	IRVINE CA, 92612		
TITLE	TD	NAME	ARENADO, LUIS F	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	7795 W. FLAGLER ST.	STREET ADDRESS	7795 W. FLAGLER ST.	4.2 NAME	ADD		
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI FL	4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP			
TITLE		NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		STREET ADDRESS		5.2 NAME			
CITY-ST-ZIP		CITY-ST-ZIP		5.3 STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		STREET ADDRESS		6.2 NAME			
CITY-ST-ZIP		CITY-ST-ZIP		6.3 STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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:



7/22/97 7/24/96 7793

CR2E034 (9/96)