FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

[redacted]

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

97AR

APPROVED AND FILED

1997 JUN 30 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G66274 (3)

1. Corporation Name

JOFRAN TOURS INC.

Principal Place of Business	Mailing Address
4307 S. RIO GRANDE AVENUE ORLANDO FL 32839-1190	4307 S. RIO GRANDE AVENUE ORLANDO FL 32839-1190

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1983
3a. Date of Last Report: 07/22/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-2439928 [ ] 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

CLAUDIO,JOAQUIN
4307 S. RIO GRANDE AVENUE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	VP	[ ] Change [X] Addition
NAME	CLAUDIO, JOAQUIN	1.2 NAME	Joaquin Claudio Jr.	
STREET ADDRESS	4307 S. RIO GRANDE AVE.	1.3 STREET ADDRESS	-4307 S Rio Grande Ave	
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	Orlando Florida 32839	
TITLE	VP	2.1 TITLE	Vocal	[X] Change [ ] Addition
NAME	PETER[illegible]	2.2 NAME	Basilisa P. Claudio	
STREET ADDRESS	4307 [illegible]	2.3 STREET ADDRESS	4307 S. Rio Grande Ave.	
CITY-ST-ZIP	ORLA[illegible]	2.4 CITY-ST-ZIP	Orlando Florida 32839	
TITLE		3.1 TITLE		[ ] Change [ ] Addition
NAME		3.2 NAME	900010223069[illegible]-8	
STREET ADDRESS		3.3 STREET ADDRESS	-07/03/97-01134-003	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****225.00 ****225.00	
TITLE		4.1 TITLE		[ ] Change [ ] Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	1	5.1 TITLE		[ ] Change [ ] Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		[ ] Change [ ] Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

168 6/2097

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: Joaquin Claudio Joaquin Claudio 6/26/96 (407) 422-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #