


APPROVED
AND
FILED

1997 SEP -3 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000063375(8)
1. Corporation Name
AMERICAN TRAVEL AGENTS, INC.

Principal Place of Business
7601 E. TREASURE DR SUITE 2314
NORTH BAY VILLAGE, FL 33141

Mailing Address (THE SAME)
7601 E. TREASURE DR SUITE 2314
NORTH BAY VILLAGE, FL 33141

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

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

3. Date Incorporated or Qualified
10/1993

3a. Date of Last Report
5/1995

4. FEI Number
65-0438130

5. Certificate of Status Desired
8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent
INES ECHEVERRIA
7601 E. TREASURE DR # 2314
N. BAY VILLAGE, FL 33141

10. Name and Address of New Registered Agent
81 Name
82 Street Address
83 City
84 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
N/A

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 unchanged, or on an attachment with an address.

SIGNATURE: Jue/cheung INES ECHEVERRIA
8/27/97 (305)867-0666



American Travel Agents, Inc.

7601 East Treasure Drive, Suite 2314, Miami Beach, Florida 33141 * Telephone: (305) 867-0666 * Fax: (305) 867-0706

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(copy)

MIAMI, AUGUST 27th, 1997

TO: FLORIDA DEPARTMENT OF STATE
SANDRA B. MORTHAM
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DEAR MS. MORTHAM,

I AM THE OWNER AND ONLY EMPLOYEE OF THIS COMPANY.

LAST WEEK I REALISED THAT I DID NOT RECEIVED YET THE FORM TO PAY THE ANNUAL REPORT. I CALLED YOUR DEPARTMENT AND I WAS TOLD THAT THEY WOULD SEND ME AN APPLICATION, WHICH I SHOULD SUBMIT WITH MY CHECK AND A NOTE OF EXPLANATION. THEY DID SO.

I AM ENCLOSING THE APPLICATION WITH MY CHECK OF PAYMENT.

PLEASE WAIVE ANY PENALTY, CONSIDERING THAT I NEVER RECEIVED ANY NOTICE AND IT WAS NOT MY INTENTION TO FAIL MY PAYMENT.

THANK YOU VERY MUCH.

SINCERELY.

A handwritten signature in cursive script, reading "Ines Echeverria", is written above the printed name.

INES ECHEVERRIA

P.S. Original was sent to P.O Box 6327