


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

FILED

Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000031845 (8)**

1. Corporation Name

TRAVEL FACTORY OF AMERICA, INC.



Principal Place of Business 10132 CULPEPPER COURT ORLANDO FL 32819	Mailing Address 7232 SAND LAKE ROAD SUITE 201 ORLANDO FL 32819
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7232 SAND LAKE RD. Suite, Apt. #, etc. 22 Suite 201 City & State 23 Orlando FL Zip 24 32819		2a. Mailing Address 26 7232 SAND LAKE RD. Suite, Apt. #, etc. 27 Suite 201 City & State 28 Orlando FL Zip 29 32819		3. Date Incorporated or Qualified 04/25/1994	
25 USA		30		4. FEI Number 59-3236678	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALVES, MARCELLO A 10132 CULPEPPER COURT ORLANDO FL 32819		10. Name and Address of New Registered Agent 81 Name DA SILVA, AMYLO RIOS 82 Street Address (P.O. Box Number is Not Acceptable) 7232 SAND LAKE ROAD SUITE 201 83 84 City Orlando 85 Zip Code 32819	
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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	
TITLE P NAME AUGUSTO, MARCELO A STREET ADDRESS 7232 SAND LAKE ROAD SUITE 201 CITY-ST-ZIP ORLANDO FL 32819	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME GUEDES/LUIZ A. 1.3 STREET ADDRESS 7232 SAND LAKE RD. SUITE 201 1.4 CITY-ST-ZIP Orlando FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GUEDES, LUIZ A STREET ADDRESS 7232 SAND LAKE ROAD SUITE 201 CITY-ST-ZIP ORLANDO FL 32819	<input type="checkbox"/> DELETE	2.1 TITLE VST 2.2 NAME GUEDES/LUIZ A. 2.3 STREET ADDRESS 7232 SAND LAKE RD. SUITE 201 2.4 CITY-ST-ZIP ORLANDO FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DA SILVA, AMYLO RIOS (AMYLO) STREET ADDRESS 7232 SAND LAKE ROAD, SUITE 201 CITY-ST-ZIP ORLANDO FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VST NAME ALVES, MARCELO A STREET ADDRESS 7232 SAND LAKE ROAD SUITE 201 CITY-ST-ZIP ORLANDO FL 32819	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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:

[Signature]

MAR 25/98

(407) 3528131

CR2034 (10/97)