


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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000038157 (1)**

1. Corporation Name  
**PACINO'S CORNER TOURS & TRAVEL INC.**



Principal Place of Business <b>5785 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34746</b>	Mailing Address <b>5785 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34746-4748</b>
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2. Principal Place of Business 21 <b>5840 W. Irlo Bronson Mem Hwy</b>		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>05/20/1994</b>	3a. Date of Last Report <b>05/17/1996</b>
22 City & State 23 <b>KISSIMMEE, FL</b>		27 City & State		4. FEI Number <b>59-3249043</b>	Applied For Not Applicable
24 Zip <b>34746</b>	25 Country <b>OSCEOLA</b>	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
26 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
28 Zip		29 Country		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 <b>UNDERWOOD, ROBERT L CARL A. BERTOCH P.A. 537 EAST PARK AVENUE TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent 81 Name <b>ATEF KHATIB</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7936 CLUBHOUSE ESTATES DR.</b> 83 84 City <b>Orlando</b> FL 85 Zip Code <b>32819</b>	
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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:  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POMA, ROSARIO 5785 W IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34746</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ATEF KHATIB 7936 CLUBHOUSE ESTATES DR Orlando, FL 32819</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEILA KHATIB 7936 CLUBHOUSE ESTATES DR Orlando, FL 32819</b> <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 NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: **ATEF KHATIB** REQUIRED  4/30/97 (407) 390-0321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)