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Apr 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000043260 (6)</b>			
<b>1. Corporation Name</b> <b>TOURS &amp; TRAVEL AGENCY, INC.</b>			
<b>Principal Place of Business</b> 244 BISCAYNE BLVD Lobby MIAMI, FL 33132		<b>Mailing Address</b> 424 SW 65 AVE MIAMI FL 33144-3741 US	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. 22		<b>2a. Mailing Address</b> Suite, Apt. #, etc. 26 P.O. Box 110224	
<b>23</b> City & State MIAMI, FL		<b>27</b> City & State MIAMI, FL	
<b>24</b> Zip 33132		<b>29</b> Zip 33144	
<b>25</b> Country USA		<b>30</b> Country USA	
<b>9. Name and Address of Current Registered Agent</b> MARTIN, LUIS 244 BISCAYNE BLVD. LOBBY- EVERGLADES HOTEL MIAMI FL 33131		<b>10. Name and Address of New Registered Agent</b> 81 Name MARTIN, LUIS 82 Street Address (P.O. Box Number is Not Acceptable) 424 S.W. 65 AVE 83 84 City MIAMI FL 85 Zip Code 33144	
<b>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.</b>			
<b>SIGNATURE</b> Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> PD <b>NAME</b> MARTIN, LUIS <b>STREET ADDRESS</b> 244 BISCAYNE BLVD. <b>CITY - ST - ZIP</b> MIAMI FL 33131	<input type="checkbox"/> DELETE	<b>1.1 TITLE</b> PD <b>1.2 NAME</b> MARTIN, LUIS <b>1.3 STREET ADDRESS</b> 424 S.W. 65 AVE <b>1.4 CITY - ST - ZIP</b> MIAMI, FL 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> FERNANDEZ, VIRGILIO L <b>STREET ADDRESS</b> 244 BISCAYNE BLVD. <b>CITY - ST - ZIP</b> MIAMI FL 33131	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b> VD <b>2.2 NAME</b> FERNANDEZ, VIRGILIO L <b>2.3 STREET ADDRESS</b> 424 S.W. 65 AVE <b>2.4 CITY - ST - ZIP</b> MIAMI, FL 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> STD <b>NAME</b> CASTRO, VALENTIN E <b>STREET ADDRESS</b> 244 BISCAYNE BLVD. <b>CITY - ST - ZIP</b> MIAMI FL 33131	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b> STD <b>3.2 NAME</b> CASTRO, VALENTIN E <b>3.3 STREET ADDRESS</b> 424 S.W. 65 AVE <b>3.4 CITY - ST - ZIP</b> MIAMI, FL 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>  <b>4.2 NAME</b>  <b>4.3 STREET ADDRESS</b>  <b>4.4 CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>  <b>5.2 NAME</b>  <b>5.3 STREET ADDRESS</b>  <b>5.4 CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>  <b>6.2 NAME</b>  <b>6.3 STREET ADDRESS</b>  <b>6.4 CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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. 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.</b>			
<b>SIGNATURE:</b> [Signature of Valentín Castro]		<b>700002138237</b> -04/09/97--01028--042 ***165.00	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> Valentín Castro		<b>Date</b> 2/21/97	
		<b>Daytime Phone #</b> 267-2572	

CR2E034 (9/96)