

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000078757 (9)

1. Corporation Name
MAGIC VACATIONS, INC.



Principal Place of Business

611 W VINE ST
SUITE N
KISSIMMEE FL 34741

Mailing Address

611 W VINE ST
SUITE N
KISSIMMEE FL 34741

2. Principal Place of Business

2a. Mailing Address

21 14356 Huntingfield Ct.

26 14356 Huntingfield Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Orlando, Florida

28 Orlando, Florida

Zip Country

Zip Country

24 32824

25 USA

29 32824

30 USA

9. Name and Address of Current Registered Agent

RAMOS, JOSE L
833 N HIGHLAND AVE
SUITE 2A
ORLANDO FL 32803

3. Date Incorporated or Qualified

10/25/1994

3a. Date of Last Report

06/28/1995

4. FEI Number

59-3272180

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1607 Park Lake Street

83

84 City

Orlando

FL

85 Zip Code

32803

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. Thereby 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 the registered agent or agent in charge

Signature, typed or printed name of the registered agent or agent in charge

Date

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	[] DELETE
D	SALES, JOSE	14356 HUNTINGFIELD CT	ORLANDO FL 32824	[] DELETE
D	SALES, CRISTINE	14356 HUNTINGFIELD CT	ORLANDO FL 32824	[] DELETE
D	KELNER, JAIRO	RUA ESTADOS UNIDOS 2032	SAO PAULO, BRAZIL	[] DELETE
D	SIERRA, DANIEL D	RUA ESTADOS UNIDOS 2032	SAO PAULO, BRAZIL	[] DELETE
[] DELETE				[] DELETE
[] DELETE				[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	[] Change	[] Addition
2. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP	2. TITLE	[] Change	[] Addition
22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP	3. TITLE	[] Change	[] Addition
32. NAME	33. STREET ADDRESS	34. CITY - ST - ZIP	4. TITLE	[] Change	[] Addition
42. NAME	43. STREET ADDRESS	44. CITY - ST - ZIP	5. TITLE	[] Change	[] Addition
52. NAME	53. STREET ADDRESS	54. CITY - ST - ZIP	6. TITLE	[] Change	[] Addition
62. NAME	63. STREET ADDRESS	64. CITY - ST - ZIP			

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, 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, and on an affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96

(407) 859.3128

Date

Date of Filing

CR2E034 (12/95)