

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000029321 (3)

1. Corporation Name
TELE-TRAVEL EXPORT, INC.



Principal Place of Business: 300 S.W. 107TH AVENUE SUITE 103 MIAMI FL 33174

Mailing Address: 300 S.W. 107TH AVENUE SUITE 103 MIAMI FL 33174-3601

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/10/1995	03/26/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	65-0575155	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent
LOPERA, RUBY
300 S.W. 107TH AVENUE
SUITE 103
MIAMI FL 33174

10. Name and Address of New Registered Agent
81 Name: Flor De La Paz
82 Street Address (P.O. Box Number is Not Acceptable): 4751 S.W. 154 Avenue
83
84 City: Miami FL 85 Zip Code: 33185

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]* Flor De La Paz 4/30/97

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	LOPERA, RUBY	
STREET ADDRESS	210 174TH ST. APT. 2201	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	ALVAREZ, CLAUDIA	
STREET ADDRESS	210 174TH ST., APT. 2201	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Natalia Escobar	
1.3 STREET ADDRESS	20840 SW 32nd Street	
1.4 CITY-ST-ZIP	MIAMI, FL 33170	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Flor de la Paz	
2.3 STREET ADDRESS	4751 S.W. 154 Avenue	
2.4 CITY-ST-ZIP	miami, FL 33185	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/30/97 305-223-1607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)