

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 # P95000080947 (1)

1. Corporation Name

BTR - BRAZILIAN TRAVEL REPRESENTATIVES, INC.

Principal Place of Business

8204 CRYSTAL CLEAR LANE, STE. 1600-B
ORLANDO FL 32809

Mailing Address

8204 CRYSTAL CLEAR LANE, STE. 1600-B
ORLANDO FL 32809



3. Date Incorporated or Qualified

10/19/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-3339870

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

9. Name and Address of Current Registered Agent

CIGAGNA, MARCOS R
8204 CRYSTAL CLEAR LANE, STE. 1600-B
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 agent 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

TITLE D ☐ DELETE
NAME NECCHI, SANDRA V
STREET ADDRESS AL. BRASIL, 855
CITY-ST-ZIP BARUERI, SP - BRAZIL

TITLE D ☐ DELETE
NAME NECCHI, ANTONIO C
STREET ADDRESS AL. BRASIL, 855
CITY-ST-ZIP BARUERI, SP - BRAZIL

TITLE D ☐ DELETE
NAME CIGAGNA, MARCOS P
STREET ADDRESS RUA MACAPA, 169
CITY-ST-ZIP SAO PAULO, SP - BRAZIL

TITLE D ☐ DELETE
NAME CIGAGNA, MARCOS R
STREET ADDRESS 856-D SKY LAKE CIRCLE
CITY-ST-ZIP ORLANDO FL 32809

TITLE D ☐ DELETE
NAME CIGAGNA, ANA P
STREET ADDRESS 856-D SKY LAKE CIRCLE
CITY-ST-ZIP ORLANDO FL 32809

TITLE D ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCOS R. CIGAGNA

Date

X 4/24/96

Daytime Phone

X (407) 858-9911

CR2E034 (12/95)