

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32809-7745
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3. Date Incorporated or Qualified 10/19/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 7031 Grand National Drive Suite, Apt. #, etc. 22 Suite 110 City & State 23 Orlando, FL Zip 24 32819-8905 25	2a. Mailing Address 26 7031 Grand National Dr Suite, Apt. #, etc. 27 Suite 110 City & State 28 Orlando, FL Zip 29 32819-8905 30	4. FEI Number 59-3339870 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	NECCHI, SANDRA V
STREET ADDRESS	AL. BRASIL, 855
CITY-ST-ZIP	BARUERI, SP - BRAZIL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	NECCHI, ANTONIO C
STREET ADDRESS	AL. BRASIL, 855
CITY-ST-ZIP	BARUERI, SP - BRAZIL
TITLE	D <input type="checkbox"/> DELETE
NAME	CIGAGNA, MARCOS P
STREET ADDRESS	RUA MACAPA, 169
CITY-ST-ZIP	SAO PAULO, SP - BRAZIL
TITLE	D <input type="checkbox"/> DELETE
NAME	CIGAGNA, MARCOS R
STREET ADDRESS	856-D SKY LAKE CIRCLE
CITY-ST-ZIP	ORLANDO FL 32809
TITLE	D <input type="checkbox"/> DELETE
NAME	CIGAGNA, ANA P
STREET ADDRESS	856-D SKY LAKE CIRCLE
CITY-ST-ZIP	ORLANDO FL 32809
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

MARCOS CIGAGNA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 (409) 363-9900
Date Daytime Phone #

CR2E034 (9/96)