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Apr 23 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 # P95000096703 (0)

1. Corporation Name  
DISNEY TRAVEL AND TOURS, INC.

Principal Place of Business  
14382 SOUTHWEST 159TH STREET  
MIAMI FL 33177-6871

Mailing Address  
14382 SOUTHWEST 159TH STREET  
MIAMI FL 33177-6871



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1995		3a. Date of Last Report 05/29/1996	
21. 15812 SW 137 AVE		26. Suite, Apt #, etc.		4. FEI Number 65-0639924		Applied For Not Applicable	
22. City & State MIAMI, FL		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip 33177		28. Country DADE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. 33177		25. DADE		29. Zip 33177		30. Country DADE	
9. Name and Address of Current Registered Agent BARCELLOS, KLINGER DISNEY 14382 SOUTHWEST 159TH STREET MIAMI FL 33177-6871				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. 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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	GOMES, JOSE L	1.2 NAME	
STREET ADDRESS	1901 BRICKELL AVE. APT 609 B	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33129	1.4 CITY - ST - ZIP	
TITLE	ZVPT	2.1 TITLE	
NAME	GOMES, MARIA C	2.2 NAME	
STREET ADDRESS	14382 SW 159 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33177-6871	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Klinger D. Barcellos 4-15-97 (305) 235-7070

CR2E034 (9/96)