


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90073 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000078221

1. Corporation Name
AMERICAN EAGLE TRAVEL INC.



Principal Place of Business 1400 GANDY BLVD #407 ST PETERSBURG FL 33702	Mailing Address 1400 GANDY BLVD #407 ST PETERSBURG FL 33702
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 33 4th Street N Suite, Apt. #, etc. 207-C City & State st. Petersburg, FL Zip 33701 Country US		2a. Mailing Address 26 33 4th Street N Suite, Apt. #, etc. 207-C City & State st. Petersburg, FL Zip 33701 Country US		3. Date Incorporated or Qualified 09/04/1998	4. FEI Number 59-3531492 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MONTERO, ALBERTO
1400 GANDY BLVD #407
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name	ALBERTO MONTEIRO
82 Street Address (P.O. Box Number is Not Acceptable)	33 4th Street N Suite 207-C
83	
84 City	st. Petersburg
85 Zip Code	FL 33701

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  ALBERTO MONTEIRO 01-06-1999
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	ALBERTO MONTEIRO
STREET ADDRESS		1.3 STREET ADDRESS	3813 GULF BLVD #305
CITY-ST-ZIP		1.4 CITY-ST-ZIP	st. Pete Beach, FL 33706
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	CLAUDIA MONTEIRO
STREET ADDRESS		2.3 STREET ADDRESS	3813 GULF BLVD #305
CITY-ST-ZIP		2.4 CITY-ST-ZIP	st. Pete beach, FL 33706
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:  ALBERTO MONTEIRO 01-06-1999 (727)827-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)