FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **V38849** **(8)**

1. Corporation Name
C & D VACATIONS AT HOME, INC.

Principal Place of Business	Mailing Address
5850 LAKEHURST DR STE 150-22 ORLANDO FL 32819 US	5850 LAKEHURST DR STE 150-22 ORLANDO FL 32819 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 3152 VINELAND RD	26 3152 VINELAND RD
Suite, Apt. #, etc. 22 Suite # 1	Suite, Apt. #, etc. 27 Suite # 1
City & State 23 KISSIMMEE Florida	City & State 28 KISSIMMEE Florida
Zip / County 24 34746-4657 25 OCEOLA	Zip / County 29 34746-4657 30 OCEOLA

4. FEI Number: 59-3124334 — ☐ 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	10. Name and Address of New Registered Agent
CRUZ, FERNANDO LADO 5750 MAJOR BLVD. SUITE 285 ORLANDO FL 32819	81 Name: Cruz, Fernando 82 Street Address (P.O. Box Number is Not Acceptable): 3152 VINELAND RD 83 Suite # 1 84 City: KISSIMMEE FL 85 Zip Code: 34746

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: [illegible] (OF Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	CRUZ, FERNANDO LADO	12 NAME	Cruz, Fernando	
STREET ADDRESS	5850 LAKEHURST DR #150-22	13 STREET ADDRESS	3152 VINELAND RD Suite # 1	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	KISSIMMEE FL. 34746	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	DE MORAES DONNI, ANGELA	22 NAME	Donni, Angela	
STREET ADDRESS	5850 LAKEHURST DR. #150-22	23 STREET ADDRESS	3152 VINELAND RD Suite # 1	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	KISSIMMEE FL. 34746	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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] 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083318 CP