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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V46227 (7)
1. Corporation Name
GRANWAYS TRAVEL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5750 MAJOR BLVD. SUITE 202 ORLANDO FL 32819 US		Mailing Address 5750 MAJOR BLVD. SUITE 202 ORLANDO FL 32819 US	
2. Principal Place of Business 21 7558 SOUTHLAND BLVD Suite, Apt. #, etc. 22 Suite 105 City & State 23 ORLANDO, FL Zip 24 32809 Country 25		2a. Mailing Address 26 7558 SOUTHLAND BLVD Suite, Apt. #, etc. 27 Suite 105 City & State 28 ORLANDO, FL Zip 29 32809 Country 30	
9. Name and Address of Current Registered Agent SANTOS, MAURO C. 25 SE 2ND AVE SUITE 740 MIAMI FL 33131		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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	TEIXEIRA, MANUEL	1.2 NAME	
STREET ADDRESS	ESTRADA DE GAVEA 611	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIO DE JANEIRO, BRAZ	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	TEIXEIRA, MARIA VIRGINIA	2.2 NAME	
STREET ADDRESS	ESTRADA DE GAVEA 611	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIO DE JANEIRO, BRAZ	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MOTTA, MARINUS	3.2 NAME	
STREET ADDRESS	RUI URUGUAI 533 APT 203	3.3 STREET ADDRESS	
CITY-ST-ZIP	TIJUCA, R.J. BRAZIL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MOTTA, IRENE	4.2 NAME	
STREET ADDRESS	RUI URUGUAI 533 APT 203	4.3 STREET ADDRESS	
CITY-ST-ZIP	TIJUCA, R.J. BRAZIL	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 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.

CR2E034 (10/97)