

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

FILED

Mar 18 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 # V60111

(4)

1. Corporation Name

ART OF TRAVEL INCORPORATION

Principal Place of Business

7514 SUGAR BEND DR
SUITE 204
ORLANDO FL 32819
US

Mailing Address

7514 SUGAR BEND DR.
SUITE 204
ORLANDO FL 32819-7212
US

3. Date Incorporated or Qualified
08/24/1992

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3142840

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

SANTOS, MAURO C., ESQUIRE
25 S.E. SECOND 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
NAME A'VILA, JOAO S.
STREET ADDRESS RUA " 448, JARDIM ATLANTICO
CITY- ST- ZIP ARACAJU SE BR

TITLE D DELETE
NAME RADESCA, JAIRO V.
STREET ADDRESS RUI CLODOMIRO AMAZONAS 906
CITY- ST- ZIP SAO PAULO CE

TITLE D DELETE
NAME RADESCA, VALERIA L.
STREET ADDRESS RUI CLODOMIRO AMAZONAS 960
CITY- ST- ZIP SAO PAULO CE

TITLE D DELETE
NAME AVILA, DIANA
STREET ADDRESS RUA " 448 JARDIM ATLANTICO
CITY- ST- ZIP ARACAJU SE BR

TITLE D DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE President Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE Secretary Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE Change 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: K

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIRO V. RADESCA

1-27-97

1407-352-2190

Date

Daytime Phone #

CR2E034 (9/96)