

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P09797

1-29-96 B-0436-C (2)

1. Corporation Name

SANTO TOURS & TRAVEL, INC.



Principal Place of Business

354 CAYUGA RD.
BUFFALO NY 14225-1940

Mailing Address

354 CAYUGA RD.
BUFFALO NY 14225-1940

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLETT, PATRICIA A
5011 76TH ST. EAST
BRADENTON FL 34203**

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 607.1503, 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 of the person who is the registered agent of the corporation

Signature of the level 4 part signatory or sole shareholder

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------|--|
| TITLE | PS | <input checked="" type="checkbox"/> DELETE |
| NAME | DESANTO, SALVATORE | |
| STREET ADDRESS | 3440 BAYOU SOUND | |
| CITY, ST, ZIP | LONGBOAT KEY FL | |
| TITLE | * | <input type="checkbox"/> DELETE |
| NAME | DESANTO, MARIE | |
| STREET ADDRESS | 2440 BAYOU SOUND | |
| CITY, ST, ZIP | LONGBOAT KEY FL | |
| TITLE | YS | <input type="checkbox"/> DELETE |
| NAME | CHRISTOPHER DESANTO | |
| STREET ADDRESS | 88 JESSICA LAKE | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

| | | |
|--------------------|---------------------|--|
| 1. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | | |
| 3. STREET ADDRESS | | |
| 4. CITY, ST, ZIP | | |
| 5. TITLE | PT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | | |
| 7. STREET ADDRESS | | |
| 8. CITY, ST, ZIP | | |
| 9. TITLE | YS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 10. NAME | CHRISTOPHER DESANTO | |
| 11. STREET ADDRESS | 68 JESSICA LAKE | |
| 12. CITY, ST, ZIP | DEAL, NY 14043 | |
| 13. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | | |
| 15. STREET ADDRESS | | |
| 16. CITY, ST, ZIP | | |
| 17. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | | |
| 19. STREET ADDRESS | | |
| 20. CITY, ST, ZIP | | |

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the statement with an address.

SIGNATURE:

CHRISTOPHER DESANTO

1/16/96

716-631-2060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(If any) Phone #

CR2E034 (12/95)