

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # P93000002462 (8)
 1. Corporation Name
FASCINATION TRAVEL AND TOURS INC.



Principal Place of Business Mailing Address
7601 E TREASURE DR **7601 E TREASURE DR**
STE 1614 **STE 1614**
N BAY VILLAGE FL 33141 **N BAY VILLAGE F 33141**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2a. Mailing Address**
21 **26**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
 City & State City & State
23 **28**
 Zip Country Zip Country
24 **25** **29** **30**

3. Date Incorporated or Qualified
01/12/1993
4. FEI Number Applied For
65-0383939 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SERGIO, PIRES
14441 SW 112 TERRACE
MIAMI FL 33186 **NO**

10. Name and Address of New Registered Agent
81 Name **SERGIO PIRES.**
82 Street Address (P.O. Box Number Is Not Acceptable)
7601 E. TREASURE DR # 1614
83
84 City **NORTH BAY VILLAGE FL** **85 Zip Code** **33141**

11. Pursuant to the provisions of Sections 607.0502 and 607.1598, 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 the corporation's obligation under Section 607.0505, Florida Statutes.
 SIGNATURE: *[Signature]* DATE: **02-24-98**

12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating)

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	SERGIO, PIRES	14441 SW 112 TERRACE	MIAMI FL 33186	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1.1	D SERGIO PIRES.	7601 E. TREASURE DR # 1614	NORTH BAY VILLAGE FL 33141	<input type="checkbox"/>	<input type="checkbox"/>
1.2				<input type="checkbox"/>	<input type="checkbox"/>
1.3				<input type="checkbox"/>	<input type="checkbox"/>
1.4				<input type="checkbox"/>	<input type="checkbox"/>
2.1				<input type="checkbox"/>	<input type="checkbox"/>
2.2				<input type="checkbox"/>	<input type="checkbox"/>
2.3				<input type="checkbox"/>	<input type="checkbox"/>
2.4				<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>
3.2				<input type="checkbox"/>	<input type="checkbox"/>
3.3				<input type="checkbox"/>	<input type="checkbox"/>
3.4				<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>
4.2				<input type="checkbox"/>	<input type="checkbox"/>
4.3				<input type="checkbox"/>	<input type="checkbox"/>
4.4				<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>
5.2				<input type="checkbox"/>	<input type="checkbox"/>
5.3				<input type="checkbox"/>	<input type="checkbox"/>
5.4				<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>
6.2				<input type="checkbox"/>	<input type="checkbox"/>
6.3				<input type="checkbox"/>	<input type="checkbox"/>
6.4				<input type="checkbox"/>	<input type="checkbox"/>

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 in the attached with an asterisk.
 SIGNATURE: *[Signature]* DATE: **02-10-98**

CR2E034 (10/97)