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Mar 31 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F63235

(8)

1. Corporation Name

DOLLAR WISE TRAVEL, INC.

Principal Place of Business

7221 NORTHWEST 12TH STREET  
MIAMI FL 33165

Mailing Address

7221 NORTHWEST 12TH STREET  
MIAMI FL 33126-1808

3. Date Incorporated or Qualified

01/14/1982

3a. Date of Last Report

09/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UDDIN, TASHIM  
8281 DORAL WAY  
MIAMI FL 33155

CASSIM KOTWAL

81 Name

CASSIM KOTWAL

82 Street Address (P.O. Box Number is Not Acceptable)

5755 W 20 AVE #404

83

84 City

HALEAH

FL

85 Zip Code

33012

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]*

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/25/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	CONTRACTOR, ALI	
STREET ADDRESS	15646 S.W. 97 TERRACE	
CITY-STATE-ZIP	MIAMI FL 33196	
TITLE	CEOT	DELETE
NAME	UDDIN, TASHIM	
STREET ADDRESS	7630 SW 73 PL	
CITY-STATE-ZIP	MIAMI FL 33193	
TITLE	CS	DELETE
NAME	UDDIN, NASEEM T	
STREET ADDRESS	7630 SW 73 PL	
CITY-STATE-ZIP	MIAMI FL 33193	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALI CONTRACTOR P.

Date

Daytime Phone #

3055923343

CR2E034 (9/96)