

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

PROFIT
CORPORATION
ANNUAL REPORT

1996-3-11-96



FLORIDA DEPARTMENT OF STATE

Sandra B. Martham
Secretary of State

DIVISION OF CORPORATIONS

B-20718

DOCUMENT # F94000004734 (9)

1. Corporation Name

JETSET TOURS, INC. (NORTH AMERICA)



Principal Place of Business

SUITE 310
5120 WEST GOLDLEAF CIRCLE
LOS ANGELES CA 90056

Mailing Address

SUITE 310
5120 WEST GOLDLEAF CIRCLE
LOS ANGELES CA 90056

2. Principal Place of Business

2a. Mailing Address

26. Suite, Apt. #, etc.

Suite, Apt. #, etc.

27. City & State

City & State

28. Zip

Country

25. Country

Zip

29. Zip

30. Country

3. Date Incorporated or Qualified
09/13/1994

3a. Date of Last Report
04/25/1995

4. FEI Number

95-3262407

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

10. Name and Address of New Registered Agent

81. Name JIM CALHOUN

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

200 E. ROBINSON ST. #820

83.

84. City

ORLANDO

FL 85 Zip Code

32801

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 JIM CALHOUN, SALES MANAGER SOUTHEAST

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

2/16/96

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P WEBSTER, ROSS D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5120 WEST GOLDLEAF CIRCLE, SUITE 310		1.2 NAME	
CITY - ST - ZIP	LOS ANGELES CA 90056		1.3 STREET ADDRESS	
TITLE	D MATTHEW, ROBERT H	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5 QUEENS ROAD		2.2 NAME	
STREET ADDRESS	MELBOURNE VI		2.3 STREET ADDRESS	
CITY - ST - ZIP			2.4 CITY - ST - ZIP	
TITLE	AS RUSH, F B	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5120 WEST GOLDLEAF CIRCLE, SUITE 310		3.2 NAME	
STREET ADDRESS	LOS ANGELES CA 90056		3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 CITY - ST - ZIP	
TITLE	D MCCREA, JAMES	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5 QUEENS ROAD		4.2 NAME	
STREET ADDRESS	MELBOURNE VI		4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE	D LEIBLER, ISI J	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5 QUEENS ROAD / MELBOURNE, VICTORIA 3004		5.2 NAME	
STREET ADDRESS	AUSTRALIA		5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE	S MCQUALTER, KENNETH M	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5 QUEENS ROAD		6.2 NAME	
STREET ADDRESS	MELBOURNE VI		6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary 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 an attachment with an address.

SIGNATURE: BARRY RUSH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

2/13 290-5800

Daytime Phone #