


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 OCT -6 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004000 (3)

1. Corporation Name  
**TRAVELMAX INTERNATIONAL, INC.**

Principal Place of Business

**3388 VIA LIDO  
NEWPORT BEACH CA 92663**

Mailing Address

**3388 VIA LIDO  
NEWPORT BEACH CA 92663**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/06/1996</b>	3a. Date of Last Report
4. FEI Number <b>33-0669843</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
NAME	STREET ADDRESS	1.2 NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	1.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	NAME
NAME	STREET ADDRESS	2.2 NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	2.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	NAME
NAME	STREET ADDRESS	3.2 NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	NAME
NAME	STREET ADDRESS	4.2 NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	NAME
NAME	STREET ADDRESS	5.2 NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	5.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	NAME
NAME	STREET ADDRESS	6.2 NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	6.3 STREET ADDRESS	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: \_\_\_\_\_ 9/30/97 (114) 723-7940

CR2E034 (4/97)