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COVER LETTER

TO: Amendment Section				
Division of Corporations				
SUBJECT: CLOSING CORP	ration			
DOCUMENT NUMBER: <u>P0 60000 95624</u>				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
BONZALO PEREZ, Z. (Name of Contact Person)				
(Name of Contact Person)				
EXOTIC TOURS. ENTERPRISES, INC (Firm/Company)				
(Firm/Company)				
11021 Sw 155 place (Address)				
(Address)				
Maun Roz 144 - 33/96 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
GONZALO PEREZ at (301) 3827945				
(Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$\sqrt{35}\$ Filing Fee \$\sqrt{\$43.75}\$ Filing Fee & \$\sqrt{\$43.75}\$ Filing Certified Cop (Additional coenclosed)	•			
MAILING ADDRESS:	STREET ADDRESS:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department $Exof_{c}$ $for fill for fill for fill fill fill for fill for fill fill for fill fill for fill fill for fill fill fill fill fill fill fill fil$	ent of State:		
SECOND:	The document number of the corporation (if known): Po 60000	291-624		
THIRD:	The file date of the articles of incorporation: $6/19 - 85$			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.			
	The corporation has not commenced business.			
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH:	The net assets of the corporation remaining after winding up have been do to the shareholders, if shares were issued.	istributed 포유 6		
SEVENTH:	Adoption of Dissolution (CHECK ONE)	SPET NO F		
	A majority of the incorporators authorized the dissolution.	ILED -2 PM ARY OF ASSEE, F		
	A majority of the directors authorized the dissolution.	FILED NOV -2 PM 1: 16 RETARY OF STATE LAHASSEE, FLORID		
Signa	ature: MUUUU	, Oi		
(By director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)				
	(Typed or printed name of person signing) PUES (LOW † (Title of Person Signing)	dr16UEZ		
	(Typed or printed name of person signing)			
	PRESI LONT (Title of Person Signing)			

Filing Fee: \$35