


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

**FILED**

**Mar 02 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. McRham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000002462 (8)**  
1. Corporation Name  
**FASCINATION TRAVEL AND TOURS INC.**



Principal Place of Business <b>7601 E TREASURE DR STE 1614 N BAY VILLAGE FL 33141 US</b>	Mailing Address <b>7601 E TREASURE DR STE 1614 N BAY VILLAGE F 33141 US</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	<b>25</b> 2a. Mailing Address Suite, Apt. #, etc. City & State Zip	<b>22</b> 23. Country	<b>26</b> 27. Country	<b>24</b> 29. Country	<b>30</b> 30. Country
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<b>3.</b> Date Incorporated or Qualified <b>01/12/1993</b>
<b>4.</b> FEI Number <b>65-0383939</b>
Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>81</b> Name <b>SERGIO PIRES.</b>
<b>82</b> Street Address (P.O. Box Number Is Not Acceptable) <b>7601 E. TREASURE DR # 1614</b>
<b>83</b>
<b>84</b> City <b>NORTH BAY VILLAGE FL</b>
<b>85</b> Zip Code <b>33141</b>

**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 and accept the obligation of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **02-24-98**

**12. OFFICERS AND DIRECTORS**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

**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)