


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90005 004 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P93000061831		
1. Corporation Name DIAMOND TRAVEL, INC.		



Principal Place of Business 14 NE FIRST AVE SUITE 1209 MIAMI FL 33132 US	Mailing Address 14 NE FIRST AVE SUITE 1209 MIAMI FL 33132 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 169 EAST FLAGLER ST		2a. Mailing Address 26 169 EAST FLAGLER ST		3. Date Incorporated or Qualified 09/03/1993
Suite, Apt. #, etc. 22 1422		Suite, Apt. #, etc. 27 1422		4. FEI Number 65-0437766
City & State 23 MIAMI, FL		City & State 28 MIAMI, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33131	Country 25 US	Zip 29 33131	Country 30 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent KHAN, ABID G 14 NE FIRST AVE STE 1209 MIAMI FL 33132				8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent 81 Name KHAN, ABID G 82 Street Address (P.O. Box Number is Not Acceptable) 169 EAST FLAGLER STREET 83 SUITE # 1422 84 City MIAMI FL 85 Zip Code 33131			
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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 **ABID G KHAN PRESIDENT** DATE **7/30/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE KHAN, ABID G	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KHAN, ABID G		1.2 NAME	
STREET ADDRESS 14 NE 1ST AVE., STE. 1209		1.3 STREET ADDRESS 169 EAST FLAGLER STREET, #1422	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP MIAMI, FL 33131	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE TEPEDINO, CARLOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEPEDINO, CARLOS		2.2 NAME	
STREET ADDRESS 14 NE 1ST AVE., STE. 1209		2.3 STREET ADDRESS 169 EAST FLAGLER STREET, #1422	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP MIAMI, FL 33131	
TITLE DS	<input type="checkbox"/> DELETE	3.1 TITLE TEPEDINO, LORETTA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEPEDINO, LORETTA		3.2 NAME	
STREET ADDRESS 14 NE 1ST AVE., STE. 1209		3.3 STREET ADDRESS 169 E. Flagler St, #1422	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP MIAMI, FL 33131	
TITLE DT	<input type="checkbox"/> DELETE	4.1 TITLE TEPEDINO, MARIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEPEDINO, MARIA		4.2 NAME	
STREET ADDRESS 14 NE 1ST AVE., STE. 1209		4.3 STREET ADDRESS 169 E. Flagler St, #1422	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP MIAMI, FL 33131	
TITLE DT	<input type="checkbox"/> DELETE	5.1 TITLE BEATRIZ KHAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KHAN, BEATRIZ		5.2 NAME	
STREET ADDRESS 14 NE 1ST AVE., STE. 1209		5.3 STREET ADDRESS 169 EAST Flagler street, #1422	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP MIAMI FL 33131	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

7/30/99 (305) 358-1918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)