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FILED

Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065062 (0)

1. Corporation Name
DISTINCTIVE TOURS, INC.

Principal Place of Business

233 N. FEDERAL HWY
37
DANIA FL 33004
US

Mailing Address

3530 MYSTIC POINT DR.
TOWER 500, SUITE 2103
MIAMI FL 33180-4541



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 233 N Federal Hwy

27 Suite 37

28 Dania, FL

29 33004 30 USA

3. Date Incorporated or Qualified
09/17/1993

3a. Date of Last Report
03/19/1996

4. FEI Number

65-0437056

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

9. Name and Address of Current Registered Agent

GERVAIS, PAULINE
3530 MYSTIC POINT DR.
TOWER 500, SUITE 2103
MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name

GERVAIS PAULINE

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

1904 South Ocean Drive # 908-S

83

84 City

Hallandale

FL

85 Zip Code

33009

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

Signature of person making registration and filing applications

(NOTE: Registered Agent signature required when reinstating)

DATE

March 13/97

12. OFFICERS AND DIRECTORS

D
GERVAIS, PAULINE
3530 MYSTIC POINT DR. TOWER 500, STE 2103
MIAMI FL 33180

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 included 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 and typed or printed name of signing officer or director

March 10/97 (954) 921-5991

CR2E034 (9/96)