SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000066305 (0)**

1. Corporation Name
DISTINCTIVE TRAVEL COMPANY

Principal Place of Business
414 SOUTHEAST 19TH STREET
FORT LAUDERDALE FL 33316

Mailing Address
414 SOUTHEAST 19TH STREET
FORT LAUDERDALE FL 33316

3. Date Incorporated or Qualified: 08/24/1995
3a. Date of Last Report:

2. Principal Place of Business
21 Distinctive Travel Co
22 Suite, Apt. #, etc:
23 City & State: N. Miami Beach, FL
24 Zip: 33179
25 Country:

2a. Mailing Address
26 18327 NE 19 Ave.
27 Suite, Apt. #, etc:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 65-0607546 — 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
WALDMAN, SHEILA
414 SOUTHEAST 19TH STREET
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
81 Name: SHEILA WALDMAN
82 Street Address (P.O. Box Number is Not Acceptable): 18327 NE 19 Ave.
83
84 City: North Miami Beach FL 85 Zip Code: 33179

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 (Typed or printed name of Registered Agent and title if applicable) — NOTE: Registered Agent's signature required when resigning — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MENDOZA, JUAN F	
STREET ADDRESS	414 SOUTHEAST 19TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	☐ DELETE
NAME	WALDMAN, SHEILA	
STREET ADDRESS	3509 EMERALD OAKS DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	☐ DELETE
NAME	DAVIDMAN, PATRICIA	
STREET ADDRESS	1921 N.E. 206 STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	MENDOZA, JUAN F.	
1.3 STREET ADDRESS	3400 N.W. 9 Terr	
1.4 CITY-ST-ZIP	Miami, FL 33147	
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		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sheila Waldman, Sec. Treas. 6/17/96 305-931-4443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
SHEILA WALDMAN