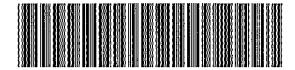
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Signottion II)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION
DOCUMENT NUMBER: P99 00008 129
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
CRUISES AND TOURS RUS, FUG (Firm/Company)
(Firm/Company)
2765 COUINGTON DA. (Address)
(Address)
Dec Zona, FL 32738 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (386) 789-3813 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\$\$43.75 Filing Fee & \$\$\$43.75 Filing Fee & \$\$\$52.50 Filing Fee, Certificate of Status & Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Amendment Section SCOUNTIES AND SCOUNTIES STREET ADDRESS: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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 of State:
	CRUISES AND TOURS RUS INC.
SECOND:	The document number of the corporation (if known): P990008129
THIRD:	The date dissolution was authorized: 12-31-05
	Effective date of dissolution if applicable: 12.31-05 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by of the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(voting group)
	Signature: Way
	(By a 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)
	(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:	CRUISES	AND	Tours	RUS	Inc.		
Date of dissolution will be specified in the Articles of		on is filed w	ith the Departm	ent of State of	or as		à
Description of information	i that must be include	d in a claim	,				_
Date,	Amount	and	RIASON	· 0 C	AUSE		
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Mailing address where cla	ims can be sent: (Clai	ms cannot b	e sent to the Di	vision of Cor	porations)		
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	CRUISES AN	<u> </u>	CAL Z C	<u> </u>		•	
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A claim against the above within 4 years after the fill		ill be barred	unless a procee	eding to enfor	ce the claim	is con	nmenced
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Printed Name of the Person Filing			Signature of the Person Filing				