

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000023202 (1)

1. Corporation Name
DIDI TRAVEL'N TOURS INC.



Principal Place of Business: ~~XXXXXXXXXX~~
Mailing Address: ~~XXXXXXXXXX~~

3. Date Incorporated or Qualified: **03/22/1995**
3a. Date of Last Report: _____
4. FLI Number: **65-0571629**
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

2. Principal Place of Business: **780 N.W. 42nd. Ave.**
Suite, Apt. #, etc.: **Suite 10**
City & State: **Miami, Florida**
Zip: **33126** Country: **USA**

2a. Mailing Address: **SAME**
Suite, Apt. #, etc.: _____
City & State: _____
Zip: _____ Country: _____

g. Name and Address of Current Registered Agent
DARYANANI, ASHOK H
10740 S.W. 68TH DRIVE
MIAMI FL 33173

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.0506, 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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vice President	Feroz A. Contractor	6206 S.W. 139th Court	Miami, Florida 33183	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	7. NAME	8. STREET ADDRESS	9. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. TITLE	11. NAME	12. STREET ADDRESS	13. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. TITLE	15. NAME	16. STREET ADDRESS	17. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. TITLE	19. NAME	20. STREET ADDRESS	21. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96. 305 386-3815
DATE DAY, MONTH, YEAR

CR2E034 (12/95)