

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 27 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # P95000023202 (1)**  
 1. Corporation Name  
**DIDI TRAVEL'N TOURS INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>780 NW 42ND AVE<br/>SUITE 10<br/>MIAMI FL 33126<br/>US</b> | Mailing Address<br><b>780 NW 42ND AVE<br/>SUITE 10<br/>MIAMI FL 33126<br/>US</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/22/1995**

4. FEI Number  
**65-0571629**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

**DARYANANI, ASHOK H  
 10740 S.W. 66TH 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 **FL** 85 Zip Code

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 *Ashok H Daryanani* DATE **Feb/20**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|   |  |
|---|--|
| TITLE<br><b>VP</b>                        | DELETE <input checked="" type="checkbox"/> |
| NAME<br><b>CONTRACTOR, FERAZ A</b>        |  |
| STREET ADDRESS<br><b>6206 SW 139TH CT</b> |  |
| CITY-ST-ZIP<br><b>MIAMI FL</b>            |  |
| TITLE                                     | DELETE <input type="checkbox"/>            |
| NAME                                      |  |
| STREET ADDRESS                            |  |
| CITY-ST-ZIP                               |  |
| TITLE                                     | DELETE <input type="checkbox"/>            |
| NAME                                      |  |
| STREET ADDRESS                            |  |
| CITY-ST-ZIP                               |  |
| TITLE                                     | DELETE <input type="checkbox"/>            |
| NAME                                      |  |
| STREET ADDRESS                            |  |
| CITY-ST-ZIP                               |  |
| TITLE                                     | DELETE <input type="checkbox"/>            |
| NAME                                      |  |
| STREET ADDRESS                            |  |
| CITY-ST-ZIP                               |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|  |  |
|--|--|
| 1.1 TITLE<br><b>PRESIDENT</b>                    | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| 1.2 NAME<br><b>ASHOK DARYANANI</b>               |  |
| 1.3 STREET ADDRESS<br><b>10740 SW 66TH DRIVE</b> |  |
| 1.4 CITY-ST-ZIP<br><b>MIAMI, FL 33173</b>        |  |
| 2.1 TITLE<br><b>SECT.</b>                        | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| 2.2 NAME<br><b>RITA DARYANANI</b>                |  |
| 2.3 STREET ADDRESS<br><b>10740 SW 66TH DRIVE</b> |  |
| 2.4 CITY-ST-ZIP<br><b>MIAMI, FL 33173</b>        |  |
| 3.1 TITLE  | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |
| 3.2 NAME   |  |
| 3.3 STREET ADDRESS                               |  |
| 3.4 CITY-ST-ZIP                                  |  |
| 4.1 TITLE  | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |
| 4.2 NAME   |  |
| 4.3 STREET ADDRESS                               |  |
| 4.4 CITY-ST-ZIP                                  |  |
| 5.1 TITLE  | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |
| 5.2 NAME   |  |
| 5.3 STREET ADDRESS                               |  |
| 5.4 CITY-ST-ZIP                                  |  |
| 6.1 TITLE  | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |
| 6.2 NAME   |  |
| 6.3 STREET ADDRESS                               |  |
| 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 in an attachment with an address.

SIGNATURE: *Ashok H Daryanani* DATE: **Feb/20 3054628400**

CR2E034 (10/97)