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CORPORATION
ANNUAL REPORT

1995-1996



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

DOCUMENT # H58717 (0)

1. Corporation Name

GO FLORIDA, INC.
NEW NAME EFFECTIVE 12/94 - SEE ATTACHED
TRAVALCO USA, INC.

Principal Place of Business

Mailing Address

1666 KENNEDY BLVD., SUITE 603
NO. BAY VILLAGE FL 33141

1666 KENNEDY BLVD., SUITE 603
NO. BAY VILLAGE FL 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

12000 BISCAYNE BLVD.

12000 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#600

SUITE 600

City & State

City & State

NORTH MIAMI

NORTH MIAMI

Zip

Zip

33181

33181

Country

Country

Dade

Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA CORPORATE SERVICES
798 BRICKELL PLAZA
(59 SE 8TH ST)
MIAMI FL 33131

81. Name

82. Street Address (P.O. Box Numbers are Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.03(1) and 607.15(5), Florida Statutes, this above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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 understand the obligations of Section 607.03(5), Florida Statutes.

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY-STATE-ZIP	NAME	STREET ADDRESS	CITY-STATE-ZIP
DP VAN BERKEL, MARIA C. 7928 WEST DRIVE, #701 N BAY VILLAGE FL			1. NAME		
DP VAN BERKEL, ANTONIUS PETRUS 1585 BAY DR MIAMI BEACH FL			1.1 NAME		
			1.1.1 STREET ADDRESS		
			1.1.1.1 CITY-STATE-ZIP		
			2. NAME		
			2.1 NAME		
			2.1.1 STREET ADDRESS		
			2.1.1.1 CITY-STATE-ZIP		
			3. NAME		
			3.1 NAME		
			3.1.1 STREET ADDRESS		
			3.1.1.1 CITY-STATE-ZIP		
			4. NAME		
			4.1 NAME		
			4.1.1 STREET ADDRESS		
			4.1.1.1 CITY-STATE-ZIP		
			5. NAME		
			5.1 NAME		
			5.1.1 STREET ADDRESS		
			5.1.1.1 CITY-STATE-ZIP		
			6. NAME		
			6.1 NAME		
			6.1.1 STREET ADDRESS		
			6.1.1.1 CITY-STATE-ZIP		

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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 or Block 14 or on an attachment with an address.

SIGNATURE:

Peter van Berkel

(305) 866-5555