200.00 1-26-95 B-484-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 25 PM 4:22

DOCUMENT # **P08282** **(6)**

1. Corporation Name
GO AMERICA TOURS, INC.

Principal Place of Business	Mailing Address
733 3RD AVE. NEW YORK NY 10017	733 3RD AVE. NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/05/1985**	3a. Date of Last Report: **08/18/1994**
4. FEI Number: **13-3317653**	☐ 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 (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167 STREET
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DERIDDER, FRANS W.	1.2 NAME		
STREET ADDRESS	PARASEVALSTRESSE 7B, 4000 DUESSELDORF 30	1.3 STREET ADDRESS		
CITY-ST-ZIP	GERMANY	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☒ Change ☐ Addition
NAME	ROHM, EBERHARD H.	2.2 NAME		
STREET ADDRESS	345 PARK AVE	2.3 STREET ADDRESS	666 Fifth Avenue.,	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	New York, NY 10153	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	BAYLIS, DAVID R	3.2 NAME		
STREET ADDRESS	30 HYDE LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	WESTPORT CT	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	SPILLER, HANS J.	4.2 NAME		
STREET ADDRESS	4 LIBERTY SQUARE	4.3 STREET ADDRESS	185 Devonshire Street., #350	
CITY-ST-ZIP	BOSTON, MA 02109	4.4 CITY-ST-ZIP	Boston, MA. 02110	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 above, or on an attachment with an address.

SIGNATURE: DIR. BAYLIS. Executive VP 1/17/95.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000087 CF