SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

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

1996 1-9-96 B - 7208 C

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

3. Date Incorporated or Qualified: 12/05/1985
3a. Date of Last Report: 01/26/1995

2. Principal Place of Business
21: 16375 N.E. 18th Ave.
22: Suite, Apt. #, etc.
23: City & State: North Miami Beach, FL
24: Zip: 33162
25: Country:

2a. Mailing Address
26: 16375 N.E. 18th Ave.
27: Suite, Apt. #, etc.
28: City & State: North Miami Beach, FL
29: Zip: 33162
30: Country:

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

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

81 Name: Peter A. Freymuth
82 Street Address (P.O. Box Number is Not Acceptable): 16375 NE. 18th Ave.
83:
84 City: North Miami Beach FL 85 Zip Code: 33162

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: [signature] DATE: 6/17/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	DERIDDER, FRANS W.		1.2 NAME	Freymuth, Peter A.
STREET ADDRESS	PARASEVALSTRESSE 7B, 4000 DUESSELDORF 30		1.3 STREET ADDRESS	16375 N.E. 18th Avenue
CITY-ST-ZIP	GERMANY		1.4 CITY-ST-ZIP	North Miami Beach, FL 33162
TITLE	SD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROHM, EBERHARD H		2.2 NAME	
STREET ADDRESS	666 FIFTH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	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	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SPILLER, HANS J		4.2 NAME	
STREET ADDRESS	185 DEVONSHIRE ST #350		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/17/96 (305) 957-3184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D126237 FP