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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000039398 (1)

EUROPA TOURS OF AMERICA, INC.

Principal Place of Business Mailing Address						i in and mit de raine inne adere bette neist detne ente sagan 1412 1812 1811 1891	
% 1755 NE 1		% 1755 NE 182 STREET					
NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL				3162		DO NOT WRITE IN THIS SPACE	
US		US				3. Date Incorporated or Qualified	
							ŀ
9 Dianimal D	Name of Continues	2e. Mailing Address				06/01/1993	
						4. FEI Number Applied For	
21 26						65-0420370 Not Applica	
Suite, Apt. #, etc. 27				5. Certificate of Status Desired		5. Certificate of Status Desired Fee Required	
City & Stat	ө	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	- 1
Zip	Country	Zip	Co	untry		8. This corporation owes or has paid the current year Intangible	
14	25	29	30		•	Personal Property Tax due June 30. Yes No	i
	9. Name and Address of Curre	int Registered Agent				10. Name and Address of New Registered Agent	
НА	CKMAN, LOREEN E			81	Name		
	55 NE 182 STREET			-			
NORTH MIAMI BEACH FL 33162				82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
NU	RIH MIAMI BEACH FL 33162			83			
				**			i
				84	City	85 Zip Code	
				L I_		FL 60 Ep cos	
office or r	egistered agent, or both, in the Stat in familiar with, and accept the oblig Signature, broad or printed name of requestered as	e of Florida. Such change was gations of, Section 607.0505, Fl	authorize orida Sta	id by ti tutes.	ne corpo	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registered appointment as registered when reinitaling) DATE	d — tion
12.		VD DIRECTORS	13.	A Agent	angriator o res	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1,1 7	TIF		Change Addit	tion
NAME	NIXDORF, MICHAEL RAINER		1.2 N				tian
		ı	1 12			1766 N.E. IPL STREET	
STREET ADDRESS	2219 COOLIDGE ST		1	TREET AC	1	1705 1100 100 00 00 00 00 00 00 00 00 00 00	
CITY-ST-ZIP	HOLLYWOOD FL 33020		_	ITY-ST-	ZIP	NORTH MIAMI BEACH, FL 33162	
TITLE	ST	☐ DELETE	2.1 11	TLE	[Change Addit	ion
NAME	Kraetzmann, manfred		22 N	AME	1		
STREET ADDRESS	-2210-COOLIDGE ST-		2.3 5	TREET AD	DRESS	1755 N.E. 162 STREET NORTH MIAMI BEACH, FL 33162	
CITY-ST-ZIP	HQLLYWQOD FL 88020→		2.40	STY-ST-	ZIP #	NORTH NIAMI BEACH, FL 3316L	
TITLE		☐ DELETÉ	3.1 7	TLE	1	Change Addit	tion
NAME			3.2 N	AME	ļ		i
STREET ADDRESS				TREET AD	DRESS		
CITY-ST-ZHP TITLE		DELETE	3.4. L	ITY-ST-	<u> </u>	Change Addit	tion
1		L) bitte	1		Í	Citalige Civodii	'''' }
NAME			4.2 N		-		
STREET ADDRESS			4.3 S	TREET AD	ORESS		Ì

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 corporate of the ective 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 changes of a statute of the corporation of the ective of th

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

Change

Change

Addition

Addition

FILED

May 07 1998 8:00am

Secretary of State