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
95 JUN 29 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000047370 (0)**

1. Corporation Name
FTS FLORIDA TOURING SERVICES, INC.

Principal Place of Business	Mailing Address
10800 BISCAYNE BLVD. SUITE 410 MIAMI FL 33161 US	10800 BISCAYNE BLVD. SUITE 310 MIAMI FL 33161 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1993
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business (21, 22, 23, 24, 25)
2a. Mailing Address (26, 27, 28, 29, 30)
4. FEI Number: 65-0423591 ☐ 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

ROMAN, RONALD P
% SEMET, LICKSTEIN, MORGENSTERN ETAL
201 ALHAMBRA CIR SUITE 1200
CORAL GABLES FL 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHEYER, KLAUS D	1.2 NAME	
STREET ADDRESS	LANDERREISEDIENSTE GMBH	1.3 STREET ADDRESS	
CITY-ST-ZIP	51140 COLOGNE, GERMANY	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WINKELMANN, THOMAS J	2.2 NAME	
STREET ADDRESS	LANDERREISEDIENSTE GMBH	2.3 STREET ADDRESS	
CITY-ST-ZIP	51140 COLOGNE, GERMANY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	STEENIS, FRANS V	3.2 NAME	
STREET ADDRESS	TREUBSTAAT 16 POSTBUS 157 NL 2280 RIJSWIJK	3.3 STREET ADDRESS	
CITY-ST-ZIP	THE NETHERLANDS	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HEINIGER, KURT	4.2 NAME	
STREET ADDRESS	REISEBURO KUONI AG NEUE HARD 7 CH 8037 ZUR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SWITZERLAND	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LERCH, HANS	5.2 NAME	
STREET ADDRESS	REISEBURO KUONI AG NEUE HARD 7 CH 8037 ZUR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SWITZERLAND	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	LUSTIG, ELLEN	6.2 NAME	
STREET ADDRESS	10800 BISCAYNE BOULEVARD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	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 if changed, or on an attachment with an address.

SIGNATURE: E. Lustig ELLEN P LUSTIG 6/28/95 305891-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174268 CP