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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000049165

GO USA TOURS, INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90132 036 ***150.00

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Principal Plac	e of Business	Mailing Address			ila mimam salimi samem masani masa sama
7325 COLLINS	AVE	7325 COLLINS AVE			
MIAMI BEACH		MIAMI BEACH FL 33141 US		DO NOT WRITE IN TH	HS SPACE
1 1		US		3. Date Incorporated or Qualifed	10 01 7102
4				07/14/1993	
2. Frincipal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 433	S. Atlantic Blud		lantic Blue	65-0428035	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	CANTAL COLOR		\$8.75 Additional
22		27		5. Certifcate of Status Desired -	Fee Required
City & Stat	te C I II I	City & State	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6. Election Campaign Financing	\$5.00 May Be
23 70ct	dauderdale		derdase	Trust Fund Contribution	Added to Fees
Z'ip	Country	Zip	Country	8. This corporation owes the current year	
24 333	9. Name and Address of Current	29 33316 3	0 1237	Personal Property Tax.	Yes No
	3. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	ad Agent
SCHWARZENBACH, GEORGE Leorge Schwarzon bazl					
7323 COLLINS AVE. 82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI BEACH FL 33141				S. Atlantic BIVOL	
			For	+ Randerdalo	• • •
			84 City		85 Zip Code
11 Pursuant	to the provisions of Sections 807 0503	and 607 1508 Florida Statutos	the above named core		
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, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature require	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARZENBACH, GEORGE		1.2 NAME		
STREET ADDRESS	320 POINCIANA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLLE	DVS	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, ANNEMARIE		2.2 NAME		
STREET ADDRESS	901 NE 24TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP	-	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition ☐
NAME			: 32 NAME		}
STREET ADDRESS			3.3 STREET ADORES\$		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
THTLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAIVE			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		(
City-ST-ZIP		DOLLETE	4.4 CITY-ST-ZIP	<u></u>	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		ł
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME :		C) OCCUP	6.2 NAME		☐ Cuange ☐ Vadillou
STREET ADDRESS			6.3 STREET ADDRESS		•
CIT'-ST-ZIP			6.4 CFTY-ST-ZIP		ļ
	r		= 0.700 / 0.740 }		7

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 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, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daloglag (954)46355

R2E034 (11/98