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

APPROVED AND FILED
95 MAY -1 AM 10: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070569 (7)

1. Corporation Name
GOLD CASTLE TOURS AND TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
4613 ETHANS GLENN AVENUE ORLANDO FL 32812	4613 ETHANS GLENN AVENUE ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: SAME AS ABOVE	2a. Mailing Address: SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3205373 — 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	10. Name and Address of New Registered Agent
GARCIA, MARIO A 225 E. ROBINSON ST. LANDMARK CENTER 11 STE. 540 ORLANDO FL 32801	Name: GARCIA MARIO Street Address (P.O. Box Number is Not Acceptable): 255 EAST ROBINSON STREET LANDMARK CENTER II, SUITE 540 City: ORLANDO FL Zip Code: 32801

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	RUIZ, MARTHA E	1 NAME	
STREET ADDRESS	4613 ETHANS GLENN	1 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	RUIZ, JOSE O	2 NAME	
STREET ADDRESS	4613 ETHANS GLENN	2 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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: MARTHA E. RUIZ / PRESIDENT — APRIL 28, 1995 — (407)275-9434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0417073 FF

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APPROVED AND FILED

MAY -1 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070607 (5)

1. Current Corporate Name
EM SOFTWARE ENGINEERING CORPORATION

Principal Address	Mailing Address
5661 NE 18TH AVE. UNIT 117 FT. LAUDERDALE FL 33334	5661 NE 18TH AVE. UNIT 117 FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Report/Event Occurred: 10/04/1993
3a. Date of Last Report: 05/19/1994

2. Principal Place of Business
21 617 N. Lakewood Dr.
Suite, Apt. #, etc.
22
23 Brandon, FL
24 33510
25 County: Hillsborough

2a. Mailing Address
26 PO Box 802
Suite, Apt. #, etc.
27
28 Brandon, FL
29 33509-0802
30 County: Hillborough

4. FEI Number: 65-0438717 ☐ 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

MALDONADO, EDWARD E
5661 NE 18TH AVE.
UNIT 117
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name: Maldonado, Edward E
82 Street Address (P.O. Box Number is Not Acceptable)
83 617 N. Lakewood Dr.
84 City: Brandon FL 85 Zip Code: 33510

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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: Edward E Maldonado 4/27/95
(If changing Registered Agent, new Registered Agent must sign) (If changing Registered Agent, new Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
7 TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
8 NAME	MALDONADO, EDWARD E	12 NAME	maldonado, Edward E	
9 STREET ADDRESS	5661 NE 18TH AVE / STE 117	13 STREET ADDRESS	617 N. Lakewood Dr.	
10 CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	Brandon, FL 33510	
15 TITLE		21 TITLE		☐ Change ☐ Addition
16 NAME		22 NAME		
17 STREET ADDRESS		23 STREET ADDRESS		
18 CITY-ST-ZIP		24 CITY-ST-ZIP		
19 TITLE		31 TITLE		☐ Change ☐ Addition
20 NAME		32 NAME		
21 STREET ADDRESS		33 STREET ADDRESS		
22 CITY-ST-ZIP		34 CITY-ST-ZIP		
23 TITLE		41 TITLE		☐ Change ☐ Addition
24 NAME		42 NAME		
25 STREET ADDRESS		43 STREET ADDRESS		
26 CITY-ST-ZIP		44 CITY-ST-ZIP		
27 TITLE		51 TITLE		☐ Change ☐ Addition
28 NAME		52 NAME		
29 STREET ADDRESS		53 STREET ADDRESS		
30 CITY-ST-ZIP		54 CITY-ST-ZIP		
31 TITLE		61 TITLE		☐ Change ☐ Addition
32 NAME		62 NAME		
33 STREET ADDRESS		63 STREET ADDRESS		
34 CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I declare, I 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, if applicable, or on an attachment with an address.

SIGNATURE: Edward E Maldonado 4/27/95 813-661-5019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0237020 CP