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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **V06544** **(3)**

1. Corporation Name
AMERICA-TOURS, INC.

Principal Place of Business	Mailing Address
801 MARTIN DOWNS BLVD STE - 2 PALM CITY FL 34990 US	870 MARTIN DOWNS BLVD STE - 2 PALM CITY FL 34990 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/13/1992**
3a. Date of Last Report: **05/19/1994**

2. Principal Place of Business
21: 870 Martin Downs Blvd.
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: **65-0311194** ☐ 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

DOLBEAN, RENE R
870 MARTIN DOWNS BLVD
SUITE 214
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name: Thierry Pouille
82 Street Address (P.O. Box Number is Not Acceptable): 211 Garden Rd.
83:
84 City: Palm Beach **FL** 85 Zip Code: 33480

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: 4-27-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT / TREASURER	☑ Change ☐ Addition
NAME	DOLBEAU, RENE R.	12 NAME	THIERRY POUILLE	
STREET ADDRESS	13309 MAPLEWOOD RD	13 STREET ADDRESS	211 GARDEN RD	
CITY ST ZIP	PALM CITY FL	14 CITY ST ZIP	PALM BEACH FL 33480	
TITLE	D	21 TITLE	VICE PRESIDENT / SECRETARY	☑ Change ☐ Addition
NAME	DOLBEAU, ANNE MARIE	22 NAME	JEAN-LUC OIZAN-CHAPON	
STREET ADDRESS	13309 MAPLEWOOD RD	23 STREET ADDRESS	800 Martin Downs Blvd.	
CITY ST ZIP	PALM CITY FL	24 CITY ST ZIP	Palm City FL 34990	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: _____ Thierry Pouille 4-27-95 407 286-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

037A03 CP