

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/7/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**95 JUL 25 AM 10: 09**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DOCUMENT # V07514 (5)**

1. Corporation Name  
**GAIA DESTINATIONS, INC.**

Principal Place of Business Mailing Address  
**1930 BAY DR #5 MIAMI BEACH FL 33141**      **1930 BAY DR #5 MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/17/1992</b>	3a. Date of Last Report <b>02/15/1994</b>
4. FEI Number <b>65-0309655</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Electronic Filing <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent <b>TESSORE, ANDREA A. 1930 BAY DR #5 MIAMI BEACH FL 33141</b>				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 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 the applicable IF FEI Registered Agent signature (if print also registered)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE <b>PVD</b>	NAME <b>TESSORE, ANDREA A.</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1930 BAY DR #5</b>	CITY ST ZIP <b>MIAMI BEACH FL</b>	12 NAME	
		13 STREET ADDRESS	
		14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	22 NAME	
		23 STREET ADDRESS	
		24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	32 NAME	
		33 STREET ADDRESS	
		34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	42 NAME	
		43 STREET ADDRESS	
		44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	52 NAME	
		53 STREET ADDRESS	
		54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	62 NAME	
		63 STREET ADDRESS	
		64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 recorder 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: Andrea Tessor      7/17/95 (309) 965-9418  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number

CR2E034 (3/95)