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 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V34612** **(4)**

1. Corporation Name
GOLD TOURS, INC.

Principal Place of Business	Mailing Address
5979 VINELAND RD SUITE 311 ORLANDO FL 32819 US	5979 VINELAND RD SUITE 311 ORLANDO FL 32819 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1992
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21: 520 S. PENINSULA AVE
22: Suite, Apt. #, etc.
23: City & State: NEW SMYRNA BEACH FL
24: Zip: 32170
25: Country: VOLUSIA

2a. Mailing Address
26: P.O. BOX 3233
27: Suite, Apt. #, etc.
28: City & State: NEW SMYRNA BEACH FL.
29: Zip: 32170
30: Country: VOLUSIA

4. FEI Number: 59-3124342 ☐ 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

RAMOS, DAYSY M
5979 VINELAND RD SUITE 311
SUITE 510
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 520 S. PENINSULA AVE
83
84 City: NEW SMYRNA BEACH FL 85 Zip Code: 32170

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 reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RAMOS, DAISY M.	12 NAME	
STREET ADDRESS	1633 S KIRKMAN RD #378	13 STREET ADDRESS	520 S. PENINSULA AVE
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32170
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DEALMEIDA, DANILO H.	22 NAME	
STREET ADDRESS	1633 S KIRKMAN RD #378	23 STREET ADDRESS	520 S. PENINSULA AVE
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32170
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ARITA, MASARU	32 NAME	
STREET ADDRESS	1633 S KIRKMAN RD #378	33 STREET ADDRESS	520 S. PENINSULA AVE
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32170
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. 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: X Daysy M. Ramos 4-25-95 (904) 426-2668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAISY M RAMOS

0001220 CP