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**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 639962

1. Corporation Name

GOLDMINE ENTERPRISES, INC.

Principal Place of Business

36 NE 1ST STREET
MIAMI FL 33132

Mailing Address

36 NE 1ST STREET
STE 712
MIAMI FL 33132
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1979

4. FEI Number

59-1951744

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ELIANI, J
36 NE 1ST STREET
MIAMI FL 33132-9403

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETEP
NAME ELIANI, J
STREET ADDRESS 20185 E COUNTRY CLUB DR
CITY-ST-ZIP N MIAMI BEACH, FL 000001.2 TITLE ☐ DELETETS
NAME ELIANI, R
STREET ADDRESS 20185 E COUNTRY CLUB DR
CITY-ST-ZIP N MIAMI BCH, FL 000001.3 TITLE ☐ DELETE1.4 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP1.5 TITLE ☐ DELETE1.6 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP1.7 TITLE ☐ DELETE1.8 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP1.9 TITLE ☐ DELETE1.10 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

Date

(305) 371-7086

Daytime Phone #

CR2E034 (1/98)