

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000005286 (6)
 1. Corporation Name
GOLD CONTAINER CORPORATION



Principal Place of Business C/O TOUAX SA, TOUR ARAGO, 5 RUE BELLINI 92800, PUTEAUX LA DEFENSE PARIS, FRANCE	Mailing Address C/O TOUAX SA, TOUR ARAGO, 5 RUE BELLINI 92800, PUTEAUX LA DEFENSE PARIS, FRANCE
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/08/1997	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
4. FEI Number 13-3862348	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WEBER, TOM 2137 JACKSONVILLE ST. FT. MYERS FL 33931		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	
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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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PC	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WALEWSKI, ALEXANDRE		1.2 NAME E. RAY JACKSON	
STREET ADDRESS TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800		1.3 STREET ADDRESS 4020 50th STREET S.	
CITY-ST-ZIP PUTEAUX LA DEFENSE, PARIS		1.4 CITY-ST-ZIP TAMPA, FL 33619	
TITLE WVC	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WALEWSKI, FABRICE		2.2 NAME THOMAS WEBER	
STREET ADDRESS TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800		2.3 STREET ADDRESS 2137 JACKSONVILLE STREET	
CITY-ST-ZIP PUTEAUX LA DEFENSE, PARIS		2.4 CITY-ST-ZIP FT. MYERS, FL 33931	
TITLE TSD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POSTEL-VINAY, ANTOINE		3.2 NAME	
STREET ADDRESS TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800		3.3 STREET ADDRESS	
CITY-ST-ZIP PUTEAUX LA DEFENSE, PARIS		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALEWSKI, RAPHAEL		4.2 NAME	
STREET ADDRESS TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800		4.3 STREET ADDRESS	
CITY-ST-ZIP PUTEAUX LA DEFENSE, PARIS		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KESTELOOT, FERNAND		5.2 NAME	
STREET ADDRESS TOUAX SA, TOUR ARAGO, 5 RUE BELLINI, 92800		5.3 STREET ADDRESS	
CITY-ST-ZIP PUTEAUX LA DEFENSE, PARIS		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 by an attachment with an address.

SIGNATURE _____ DATE **4/21/98** **813-242-4303**

CR2E034 (10/97)