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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27 1998 8:00am Secretary of State

1. Corporation	MEN I In Name GOLD PL			000	01	1491	(6))				; 				87 8 0 1001 7 8 01	
Daine de la Olean	10				B.4 - 22								J iii Ji ii de				
Principal Place of Business						Mailing Address											
C/O PETER GROSS 19300 HOLIDAY ROAD MIAMI FL 33157					782 NW 42ND AVENUE 428												
					MIAMI FL 33126							DO NOT WRITE IN THIS SPACE					
					US		•					3. Date Incorporated or Qualific	ad				7
												02/15/1993					
2. Principal P		2a. Mailing Address							4. FEI Number			Ap	olied For	\Box			
21					26							65-0396780				Applicable	<u></u>
Suite, Apt. #, etc.					Suite, Apt. #, etc.							5. Certificate of Status Desired				dditional	
22 Ch. I. State					City & State										ee Re	`	4
City & State					28							 Election Campaign Financing Trust Fund Contribution 	,			May Be Fees	
Zip		C	Country		Zi	D		Co	untry			This corporation owes or has					┨
24	25			2	30				¬ •			Personal Property Tax due J	•	Yes		No	
g. Name and Address of Current R												10. Name and Address of New			5=		1
G	ROSS, PE	TER			_				81	Name			- 		_		
19300 HOLIDAY ROAD MIAMI FL 33157									82	Street	Addres	Address (P.O. Box Number is Not Acceptable)					-}
																	╛
									83								
					84	City				. 85	Zip C	ode	-				
							-			F	▝┗▃▕▏▕						
11, Pursuant office or ragent 1 a	to the provis registered ag im familiar wi	ions o jont, o th, an	I Sections 60 r both, in the d accept the	7.0502 and State of Fl obligations	d 607. onda s of, Si	1508, Florida Such chang ection 607.0	a Statute je was ai 505, Flor	s, the authoriza rida Sta	above ed by stutes	named the corp	corpo poratio	ration submits this statement for the n's board of directors. I hereby ac	e purposi cept the a	e of chang appointme	jing its nt as i	registered egistered	
SIGNATURE	Character Control		ed cause of registe				01011	Co. minday		et = i===1		when reinstating)	DATE				1.
12.	algnarure lypeci	or brane		S AND DIF		·	INO16	13.		ut eignature	required	ADDITIONS/CHANGES TO O			CTOR	3 IN 12	⊣ [
TITLE	PD			<u> </u>	11.0.0	☐ DEŁ	ETE	_	TITLE		Γ	135111011011111111111111111111111111111	11021101	Ch		☐ Addition	1 3
NAME	GROS	S. PE	TER					1.2 1	NAME								
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CITY-ST-ZIP								2.4	CITY-S	T-ZIP							╛
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NAME									NAME		1				-		
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CITY-ST-ZIP						64 CIT											
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14. Thereby 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 received in 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 or an attackment with an address

SIGNATURE