

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 10:49

DOCUMENT # **P94000064818 (5)**

1. Corporation Name
GOLD MINE STORE, INC.

Principal Place of Business Mailing Address
2724 SW 137TH AVE **2724 SW 137TH AVE**
MIAMI FL 33175 **MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
09/01/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	9708 SW 40 ST.	26	9708 SW 40 ST.	65-0516753		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23	MIAMI, FL.	28	MIAMI, FL.	<input type="checkbox"/>			
24	Zip 33165	25	Country DADE	29		30	
				33165		DADE	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GLISSON, FELISA 2724 SW 137TH AVE MIAMI FL 33175				81 Name	SANDRA P. OROZCO		
				82 Street Address (P.O. Box Number is Not Acceptable)	9708 SW 40 ST.		
				83			
				84 City	MIAMI	85 State	FL
						86 Zip Code	33165

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 **4/6/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	D/P/IT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLISSON, FELISA	12 NAME	SANDRA P. OROZCO
STREET ADDRESS	1130 SW 103RD CT	13 STREET ADDRESS	1130 SW 103RD CT.
CITY - ST - ZIP	MIAMI FL 33174	14 CITY - ST - ZIP	MIAMI, FL. 33174
TITLE		21 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	ALICIA SIMENA OROZCO
STREET ADDRESS		23 STREET ADDRESS	1130 SW 103RD CT.
CITY - ST - ZIP		24 CITY - ST - ZIP	MIAMI, FL. 33174
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: **PRE S.** **4/6/95 (305)223-5859**