

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000081084 (2)**

1. Corporation Name
BANAGOLD, INC.



Principal Place of Business: **10700 W FLAGLER ST MIAMI FL 33183**
Mailing Address: **10700 W FLAGLER ST MIAMI FL 33183**

3. Date Incorporated or Qualified: **10/20/1995**
3a. Date of Last Report

2. Principal Place of Business
21. **2100 N W 8 Ave # 15**
22. Suite, Apt. #, etc.
23. City & State: **Miami FL**
24. Zip: **33127**
25. Country
26. Mailing Address: **2100 NW 8 Ave # 15**
27. Suite, Apt. #, etc.
28. City & State: **Miami FL**
29. Zip: **33127**
30. Country

4. FEI Number 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
**MORENO, IGNACIO
7622 SW 420 PL
MIAMI FL 33183**

10. Name and Address of New Registered Agent
81. Name: **Ignacio Moreno**
82. Street Address (P.O. Box Number is Not Acceptable): **2100 NW 8 Ave # 15**
83.
84. City: **Miami** FL 85. Zip Code: **33127**

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]* (DATE: **02/19/96**)

12. OFFICERS AND DIRECTORS

| | |
|---|---------------------------------|
| TITLE: PRESIDENT | <input type="checkbox"/> DELETE |
| NAME: Ignacio Moreno | |
| STREET ADDRESS: 2100 NW 8 Ave # 15 | |
| CITY - ST - ZIP: Miami FL 33127 | |
| TITLE: | <input type="checkbox"/> DELETE |
| NAME: | |
| STREET ADDRESS: | |
| CITY - ST - ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE |
| NAME: | |
| STREET ADDRESS: | |
| CITY - ST - ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE |
| NAME: | |
| STREET ADDRESS: | |
| CITY - ST - ZIP: | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------------|--|
| 1. TITLE: | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2. NAME: | |
| 3. STREET ADDRESS: | |
| 4. CITY - ST - ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME: | |
| 7. STREET ADDRESS: | |
| 8. CITY - ST - ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME: | |
| 11. STREET ADDRESS: | |
| 12. CITY - ST - ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME: | |
| 15. STREET ADDRESS: | |
| 16. CITY - ST - ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

3/16/96 \$200.00
\$ Dep by Bank

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)(k), 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: *[Signature]* **PRESIDENT** (DATE: **02/19/96**)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone: **CS 4/18/96**)

CR2E034 (12/95)