## 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

DOCU	MENT # P9700	0005570 (1)				
1 .	GOLD WHOLESALERS, IN					
					1 18 11/4 11 1/4 (1841) 1841/ 1841/ 1841/ 1841/ 1841/ 1841/ 1841/ 1841/ 1841/ 1841/ 1841/ 1841/ 1841/ 1841/ 18	
Principal Plac	on of Business	Mailing Address				
Principal Place of Business Mailing Address						
36 NE 1ST ST STE #307 36 NE 1ST ST STE #307 MIAMI FL 33152-2000 MIAMI FL 33152-2000						
					DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified	
2. Princinal P	Place of Business	2a. Mailing Address		<del></del>	01/14/1997 4. FEI Number	Applied For
21		26			65-0724272	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.					\$9.75 Additional	
22 27					5. Certificate of Status Desired	Fee Required
		City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country		Trust Fund Contribution  8. This corporation owes or has pa	Added to Fees
24 3 3	3/32 25	29 33132	30		Personal Property Tax due June	<b>—</b> ' — *
9. Name and Address of Current Registered Agent					10, Name and Address of New Re	gistered Agent
	TACH, CHAIM M		81 N	ame		
36 NE 1ST ST STE #307 MIAMI FL 33145			<b>82</b> S	reet Addre	ess (P.O. Box Number is Not Acceptab	le)
MIV	AMI EL 00140		83			
			<b>84</b> C	ıtv		85 Zip Code
				•		- FL    33,132-
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statute: e of Florida. Such change was au ations of, Section 607.0505, Flor	s, the above-na uthorized by the rida Statutes.	med corpo corporati	oration submits this statement for the p on's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE						
12.	Signature typed or printed name of registered ag	ont and title if applicable. (NOTE:	Registered Agent sig	nature require	ed when rainstating) ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	P	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OTHE	Change Addition
NAME	BOTACH, CHAIM MOSHE		1.2 NAME			
STREET ADDRESS	36 NE 1ST ST #307		1.3 STREET AOD	RESS		
CITY-ST-ZIP	MIAMI FL 33152-2000		1.4 CITY-ST-ZIF	,	Miani, FLORIDA	1 33135
TITLE		☐ DELETE	21 TITLE		,	Change Addition
NAME			2.2 NAME			
STREET ADDRESS		•,	2.3 STREET ADDI			
CITY-\$T-ZIP TITLE		☐ DELETE	2. 4 CITY - ST - ZI 3.1 TITLE	<u> </u>		Change Addition
NAME		_ ottil	3.1 MAME			L Change L Addition
STREET ADDRESS			3.3 STREET ADDI	ESS (		
CITY-ST-ZIP			3.4. CITY-ST-ZI			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME		•	4. 2 NAME			
STREET ADORESS			4.3 STREET ADDR	IESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	vree		
STREET ADDRESS			53 STREET ADDR			
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	_		Change Addition
NAME		<del>-</del>	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDR	ESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	- 1		

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.

100 (EN) 373919

**FILED** 

Jan 27 1998 8:00am

Secretary of State