

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

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90030 010 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000008037**

1. Corporation Name  
**GOLD SHORES CORP.**

Principal Place of Business 1110 BRICKELL AVE., SUITE 504 MIAMI FL 33131	Mailing Address 1110 BRICKELL AVE., SUITE 504 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2914 NW 72 AVE</b>	2a. Mailing Address 26 <b>2914 NW 72 AVE</b>
22 Suite/Apt. #, etc.	27 Suite/Apt. #, etc.
23 City & State <b>MIAMI FL</b>	28 City & State <b>MIAMI FLA</b>
24 Zip <b>33122</b> 25 Country <b>USA</b>	29 Zip <b>33122</b> 30 Country

3. Date Incorporated or Qualified <b>01/27/1997</b>	Applied For Not Applicable
4. FEI Number <b>65-0733417</b>	\$8.75 Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**STANHAM, NICHOLAS**  
**520 BRICKELL KEY DRIVE**  
**SUITE 0-305**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name <b>DAVID F. CEVALLOS</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>2914 NW 72 AVE</b>
84 City <b>MIAMI</b> 85 State <b>FL</b> 86 Zip Code <b>33122</b>

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 in 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: *David F. Cevallos* **DAVID F. CEVALLOS** DATE: **3/15/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CEVALLOS, DAVID</b>	
STREET ADDRESS <b>520 BRICKELL KEY DRIVE</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE <b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>STANHAM, NICHOLAS</b>	
STREET ADDRESS <b>520 BRICKELL KEY DRIVE</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
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

1.1 TITLE <b>PRES, TREAS, DIR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>DAVID F CEVALLOS</b>	
1.3 STREET ADDRESS <b>2914 NW 72 AVE</b>	
1.4 CITY-ST-ZIP <b>MIAMI FL 33122</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>VP, SECY, DIR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>FRANCISCO J VILLEGAS</b>	
3.3 STREET ADDRESS <b>2914 NW 72 AVE</b>	
3.4 CITY-ST-ZIP <b>MIAMI FL 33122</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David F. Cevallos* **DAVID F. CEVALLOS** DATE: **3/15/99** 305 718-4466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)