


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

APPROVED  
AND  
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1998 MAR 10 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000077138 (0)  
1. Corporation Name  
CORNERSTONE GOLDEN II, INC.



Principal Place of Business: C/O BERMAN WOLFE. & RENNERT, P.A. 35TH FLOOR, INTL PLACE 100 S.E. 2ND ST. MIAMI FL 33131-2130

Mailing Address: C/O BERMAN WOLFE. & RENNERT, P.A. 35TH FLOOR, INTL PLACE 100 S.E. 2ND ST. MIAMI FL 33131-2130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2121 PONCE DE LEON BLVD. PENTHOUSE II CORAL GABLES, FL. 33134 USA

2a. Mailing Address: 2121 PONCE DE LEON BLVD. PENTHOUSE II CORAL GABLES, FL. 33134 USA

3. Date Incorporated or Qualified: 09/05/1997

4. FEI Number: APPLIED FOR  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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent: WOLFE, LEON J C/O BERMAN WOLFE, & RENNERT, P.A. 35TH FLOOR, INTL PLACE 100 S.E. 2ND ST. MIAMI FL 33131-2130

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: FL 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, STUART I	1.2 NAME	800002454508--1
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 650	1.3 STREET ADDRESS	-03/11/98--01117--006
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	****158.75 ****158.75
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, JORGE	2.2 NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 650	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: \_\_\_\_\_ TORGE LOPEZ 2/5/98

CR2E034 (10/97)