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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000047410

1. Corporation Name
GOLD BEACH PROPERTIES, INC.

Principal Place of Business % 101 MADEIRA AVE. CORAL GABLES FL 33134	Mailing Address % 101 MADEIRA AVE. CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/27/1998	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0848449	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAG 101 MADEIRA AVE. CORAL GABLES FL 33134				81 Name Arazoza, Comas, de Torres Fernandez-Fraga, P.A.	
				82 Street Address (P.O. Box Number is Not Acceptable) 2100 Salzedo Street	
				83 Suite 300	
				84 City Coral Gables,	85 Zip Code FL 33134
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 <i>[Signature]</i> Managing director				DATE 2/2/99	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	Argenis Rodriguez	1.2 NAME	Argenis Rodriguez
STREET ADDRESS	101 Madeira Ave	1.3 STREET ADDRESS	2100 Salzedo Street, Suite 300
CITY-ST-ZIP	Coral Gables, FL 33134	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VP	2.1 TITLE	VP
NAME	Norma Rodriguez	2.2 NAME	Norma Rodriguez
STREET ADDRESS	101 Madeira Ave	2.3 STREET ADDRESS	2100 Salzedo Street, Suite 300
CITY-ST-ZIP	Coral Gables, FL 33134	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

Date: **18-03-99** Daytime Phone #

CR2E034 (11/98)