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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

791000005571

1. Corporal	ition Name RET GOLD U	NHOLE SAlers				
Principal Pla	ace of Busingss	N	lailing Address			
36 N.E. 12 Sr #307						
Miami FL 33152-2000						e e e e e
• • • • • • • • • • • • • • • • • • • •		,	· · · · · · · · · · · · · · · · · · ·	3. Date incorporated or Qualified	3a. Date of Last Report	
2. Principal Place of Business			2a. Mailing Address		4. FEI Number	Applied For
21		26			65-072 4278	Not Applicable
Suile, Apt. #, etc.		27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St 23	tate	28	City & State	-	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Coul	ntry	Zip	Country	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent		
CHAIM MUSHE BOTACH	81 Name		
36 NE 1ST ST #307	82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33152- 2000	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	Signature, typed or printed name of registered agont and title if applicable. (NOTE:	Dayley and American	ure required when reinstalling) DATE	
12.	OFFICERS AND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CHAIM MOSHE BOTACH (Pars) DELETE	1.1 TITLE	☐ Change ☐ Addit	tion
NAME	36 NE 125 ST # 307	1.2 NAME		
STREET ADDRESS	t - Total Control of the Control of	1.3 STREET ADDRESS	3	
CITY-ST-7IP	MIAMI FL 33157- 2000	1.4 CITY-ST-ZIP		
THTLE	☐ DELETE	2.1 TITLE	Change Addit	tìon
NAME	·	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY - ST - ZIP		2. 4 GITY - ST - ZIP		
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NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
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TITLE	☐ DELETE	4.1 TITLE	Change Addit	ion
NAME		4. 2 NAME +		
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CITY - ST - ZIP		4.4 CITY-S1-ZIP		
TITLE	. DELETE	5.1 TITLE	☐ Change ☐ Additi	įρπ
HAME		5.2 NAME	(0),10	Ŋ
STREET ADDRESS		5.3 STREET ADDRESS	A.71.	
CITY-ST-7IP	L priese	5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	3000021564Fcape □ Additi -04/28/9701067005 ***165.00	IOI
NAME		6.2 NAME	###165 00	
STREET ADDRESS		6.3 STREET ADDRESS	3	
CiTY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this fiting 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 12 if changed, or on an attachment with an excess.

SIGNATURE: X Chain-More Boly

x 4/15/97

×(30) 373 9199

FILED

Apr 24 1997 8:00am

Secretary of State