

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **404006** (9)
1. Corporation Name
GOSA ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**10 NW 2ND ST.
MIAMI FL 33128**

Mailing Address
**10 NW 2ND ST.
MIAMI FL 33128**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 06/29/1972	
4. FEI Number 59-1427070	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GORFINKEL, NESTOR B ESQ
7 NW 2ND STREET
SUITE 203
MIAMI FL 33128**

81 Name Nestor B. Gorfinkel	
82 Street Address (P.O. Box Number is Not Acceptable) Concourse Plaza, Suite 401	
83 City 1111 Kane Concourse	
84 City Bay Harbor Islands	85 Zip Code FL 33154

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 **NESTOR B. GORFINKEL** DATE **2/12/98**

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	SAPOZNIK, CLARA
STREET ADDRESS	10 NW 2ND ST
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	SAPOZNIK, LAZARO
STREET ADDRESS	10 NW 2ND ST
CITY - ST - ZIP	MIAMI FL
TITLE	DS
NAME	GORFINKEL, LEON
STREET ADDRESS	10 NW 2ND ST
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	GORFINKEL, JULIUS H
STREET ADDRESS	10 NW 2ND ST
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	SAPOZNIK, JOSE
STREET ADDRESS	10 NW 2ND ST
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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.

SIGNATURE **LAZARO SAPOZNIK** Director DATE **2/12/98** (305) 371-3309

CR2E034 (10/97)