Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90031 003 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 470860

1. Corporation Name

GOLD DEVELOPMENT CORPORATION

Principal Place of Rusiness Mailing Address						i fämili Bidit todit abidt ibite bitit mitt aten aten			,00,	
Principal Place of Business Mailing Address										
2450 SW 137TH AVE. C/O MARCIA B. CABALLERO										
SUITE 221		2450 SW 137TH AVE SUITE 221 MIAMI FL 33175				DO NOT WRITE IN THIS SPACE				
MIAMI FL 33175 US		MIMMI FL 33173				3. Date Incorporated or Qualifed		,		
						01/17/1975				
a Drivered Di	and Programme	2a. Mailing Address				4. FEI Number	$\neg \top$	Applied Fo	 Or	
——i``	ace of Business	 -				"	<u> </u>	Not Applic		
21		26 Suite Apt # oto				59-1577852		5 Addition		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Required	<u>a</u> 1	
22		27 ·		-	<u> </u>			 _		
- City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees		
23		28	Count	·				.0 10 1 003		
Zip	Country	Zip	_	Lr y		8. This corporation owes the current year Intal	10/Yes	□No		
24	25	29 30	<u> </u>			T Graditary roperty room	<u> </u>			
	9. Name and Address of Current	Registered Agent		31 h	Marina	10. Name and Address of New Registered A	yent			
0454			٩	יןיי	Name					
	ALLERO, MARCIA B		Įε	32 5	Street Addre	ess (P.O. Box Number is Not Acceptable)				
2450	SW 137TH AVE									
Sum	E 221		8	33	_	<u> </u>				
MIAM	II FL 33175		-	_			TOE 7	ip Code		
			18	34 (City	FL	85 Z	ib Code		
44 - Dominion 44	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abo	nve-n	amed corno	pration submits this statement for the purpose of c	hanging	its registe	red	
office or re	egistered agent, or both, in the State of	r Fiorida. Such change was auth	топиеа в	oy ine	e corporatio	n's board of directors. I hereby accept the appoint	tment as	registered	t	
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statute	es.						
SIGNATURE						when reinstating) DATE			_	
	Signature, typed or printed name of registered agent		-	gent sk	gnature required	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TODE IN	12	
12.	OFFICERS AND	DELETE	13.				Chang		Addition	
TITLE	D/P¥	C) Deceie	1.1 11111			?/V/T	X	,		
NAME	VALERA, ALBERTO		1.2 NAM		VAI	LERA, ALBERTO	7			
STREET ADDRESS	2450 S.W137 AVESTE:-221		1.3 STRI	EET AC		50 SW 137 AVENUE, SUITE 22	Т			
CITY-ST-ZIP	MIAMI FL 33175 - :		1.4 CITY	'-ST-Z	up MIZ	AMI, FL 33175				
πnLE	8 ∕₹	☐ X DELETE	2.1 TITL	E	S		Chang	je ∐A	Addition	
NAME	VALERA-ALBERTO			2.2 NAME V		ALERA, ESTHER				
STREET ADDRESS	2450-9:W:-137-AVE:-STE:-221		2.3 STR	EET AD	DDRESS 24	450 SW 137 AVENUE, SUITE 2	21			
1	MIAMI FL 93175		2. 4 CIT	Y-ST-2	l l	IAMI, FL 33175				
CITY-ST-ZIP	PROFILE I F OO I F O	→ → DELETE →	3.1 TITL			with the second	Chan	ge-·· 🔲 A	ddition	
	·		3.2 NAM							
NAME					ODRESS					
STREET ADDRESS		•								
CITY-ST-ZIP		C) DCI ETE	3.4. CIT				[T] Chang	a	Addition	
TITLE)		☐ DELETE	4.1 TTL		Ì			3~ ⊔^		
NAME			4. 2 NAN							
STREET ADDRESS			4.3 STR	EET AL	DORESS					
CITY-ST-ZIP			4.4 CITY	∕∙ST-Z	ZIP					
TITLE		☐ DELETE	5.1 TITL	E			Chan	ge 🔲 A	Addition	
NAME			5.2 NAM	Æ						
STREET ADDRESS			5.3 STR	EET AC	DDRESS					
(5.4 CITY							
CITY-ST-ZIP		☐ DELETE	6.1 TITL				☐ Chan	ge 🗆 🗀 A	Addition	
TITLE			6.2 NAM					_		
NAME										
STREET ADDRESS	1		■ 6.3 STR	LET AL	DDRESS					

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 suppliemental 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 3 if changed, Statutes and that my name appears in the receiver of the corporation of the receiver of trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NG OFFICER OR DIRECTOR