

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

FILED  
Apr 23 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 # 569247 (0)  
1. Corporation Name  
GORAL ENTERPRISES, INC.

Principal Place of Business  
6095 N.W. 167TH STREET, D-1  
HIALEAH, FL 33015 33015

Mailing Address  
6095 N.W. 167TH STREET, D-1  
HIALEAH, FL 33015 33015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/19/1978	
21	Suite, Apt. #, etc.	26	PO BOX 171071	4. FEI Number	Applied For
22	City & State	27		59-1795329	Not Applicable
23	Zip	28	Hialeah, FL	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	33017	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		30	USA	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

GORAL, PAUL  
19715 E LAKE DR  
MIAMI FL 33015

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 type for printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.	TITLE	VST	13.	1.1 TITLE	
	NAME	GORAL, PAUL		1.2 NAME	
	STREET ADDRESS	19715 E LAKE DR		1.3 STREET ADDRESS	
	CITY - ST - ZIP	MIAMI FL		1.4 CITY - ST - ZIP	
	TITLE	P		2.1 TITLE	
	NAME	GORAL, DAWN		2.2 NAME	
	STREET ADDRESS	452 SW 158 TR / STE - 203		2.3 STREET ADDRESS	
	CITY - ST - ZIP	PEMBROKE PINES FL		2.4 CITY - ST - ZIP	
	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

SIGNATURE:

*Paul Goral*

4/23/98

45-839-3803

CR2E034 (10/97)