

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H82754**

1. Corporation Name  
**ROSSI GOLD, INC.**

Principal Place of Business  
10919 U.S. HWY 19  
PORT RICHEY FL 34668  
US

Mailing Address  
10919 U.S. HWY 19  
PORT RICHEY FL 34668  
US

**FILED**  
**Aug 05, 1999 8:00 am**  
**Secretary of State**

08-05-1999 90005 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/28/1985**

4. FEI Number

**59-2624569**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**MAURO, STASIE**  
**8653 SABAL WAY**  
**PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ST** ☐ DELETE  
NAME **MAURO, ROBERT**  
STREET ADDRESS **8653 SABAL WAY**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **PD** ☐ DELETE  
NAME **MAURO, STASIE**  
STREET ADDRESS **8653 SABAL WAY**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 any attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

ROBERT J. FEDOR  
CERTIFIED PUBLIC ACCOUNTANT  
10422 U.S. Highway 19  
Port Richey, FL 34668  
(727) 863-0223

H82754  
601399-90005-22

July 27, 1999

Florida Department of State  
Annual Reports Filings  
PO Box 1500  
Tallahassee, Florida 32302-1500

Re: 1999 Annual Report- Profit Corporation  
Rossi Gold, Inc.  
FEIN 59-2624569

Dear Sir/ Madam,

Please be advised that the abovementioned business believes that it already filed the abovementioned return on time. Unfortunately, we cannot prove exactly when the report was mailed, whether it was ever received or that it was lost in the mail. We don't even have a cancelled check to prove that it was received and deposited.

All that we can do is re-file an annual return and ask that any late filing penalty be waived. The company has filed this report for over ten years on a timely basis and has never been late before.

Should you have any questions, please contact me at your earliest convenience.

Sincerely

