

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

FILED  
Jun 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J54602  
1. Corporation Name:

**GOLDEN PEDALS INTERNATIONAL, INC.**

Principal Place of Business: **210-P SOUTH KINGS AVE.**  
Mailing Address: **3633 Henderson Blvd.  
Tampa, Fla. 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. <b>3633 Henderson Blvd.</b>
22. City & State	27. City & State
23. Zip	28. <b>Tampa, Fla.</b>
24. Country	29. Zip <b>33609</b>
25. Country	30. Country

4. FET Number	Applied For
<b>59-2777631</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name	<b>TUAN ANH LE</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>3633 Henderson Blvd.</b>
83. City	<b>Tampa</b>
84. State	<b>FL</b>
85. Zip	<b>33609</b>

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(1), 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 responsibility of, Section 607.01(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>TUAN ANH LE</b>	
STREET ADDRESS	<b>3633 Henderson, Tampa</b>	
CITY-ST-ZIP	<b>Fla. 33609</b>	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or equivalent filing is true, correct, 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 of this filing.

SIGNATURE:

**900002566429**  
**-06/19/98-01110-018**  
**\*\*\*150.00**

CR2E034 (10/97)

June 9, 1998

Florida Department of State  
Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

Re: Profit Corporation Annual Report

Dear Sir or Madam :

I am requesting a wavier of any late fees for filing the Profit Corporation Annual Report. I recently purchased this company and did not receive a form to file. As I am unfamiliar with this process, I did not know that this form had to be filed.

Please be assured that all future filings will be done in a timely manner. I would appreciate any assistance you can give me.

Sincerely,



Tuan Anh Le  
Director