

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90039 019 ***158.75

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # L21875

1. Corporation Name
GOLD DREAM INVESTMENTS, INC.

Principal Place of Business Mailing Address
444 BRICKELL AVENUE SUITE 51-246 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
10/11/1989
 4. FEI Number Applied For
65-0166415 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 Tax. Yes No

9. Name and Address of Current Registered Agent
**IBC FIDUCIARY INC.
 100 S E SECOND ST
 SUITE 2315-A
 MIAMI FL 33131**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PETROCTHI, JACOBO	
STREET ADDRESS	1865 BRICKELL AVE #11-B	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TROMP, TITO	
STREET ADDRESS	1865 BRICKELL AVE. #11-B	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SMEJDA, L.	
STREET ADDRESS	444 BRICKELL AVE #51-246	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PETROCTHI, J.	
1.3 STREET ADDRESS	1865 Brickell Ave. # 11-B	
1.4 CITY-ST-ZIP	Miami, FL	
2.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TROMP, T.	
2.3 STREET ADDRESS	1865 Brickell Ave., #11-B	
2.4 CITY-ST-ZIP	Miami, FL	
3.1 TITLE	S - VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BALDOMERO, M.	
3.3 STREET ADDRESS	444 Brickell Ave., Suite 51-246	
3.4 CITY-ST-ZIP	Miami, FL 33131	
4.1 TITLE	P - D - AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HENLEY, J.	
4.3 STREET ADDRESS	444 Brickell Ave., Suite 51-246	
4.4 CITY-ST-ZIP	Miami, FL 33131	
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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** J. Henley 4/27/99 (305) 358-9990
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)