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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L90555

Principal Place of Business

**GOLD SPORT INTERNATIONAL CORPORATION** 

2505 N.W. 74TH AVE. MIAMI FL 33122		1385 CORAL WAY SUITE 406 MIAMI FL 33145					DO NOT WRIT	E IN THIS	SPAC	Ε		
						1	Date Incorporated or Qualifed 08/02/1990					
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number				App	olied For	
21		26				65-0215790				Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.	Certifcate of Status Desired	XT	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees						
Zip <b>24</b>	Country 25	Zip 30	Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No					□No		
9. Name and Address of Current Registered Agent						10.	Name and Address of New R	egistered A	gent			
			81	1	Name							
	on, Eduardo 5 Coral Way		82 Street Add			ddress (P.O. Box Number is Not Acceptable)						
SUIT		83	1			·				.,		
MIAMI FL 33145				۱.,	O:b-				85	Zip C	ode.	
	• •		84	1	City			FL	93	2100	.000	
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 agen	t and title if applicable. (NOTE: Reg	jistered Age	nt się	ignature required v			DATE				
12.	OFFICERS AN	D DIRECTORS	13.			A	DDITIONS/CHANGES TO OF	FICERS AND				
TITLE	DP	☐ DELETE	1.1 TITLE						ПС	hange	☐ Addition	
NAME	SALAZAR, ALEJANDRO X.		1.2 NAME									
STREET ADDRESS	2505 NW 74TH AVE	•	1.3 STREET A		DDRESS							
CITY-ST-ZIP	MIAMI FL		1.4 CITY-5		ZIP							
TITLE	; 	☐ DELETE 2.1		2.1 TITLE					ПС	hange	Addition	
NAME			2.2 NAME								ĺ	
STREET ADDRESS			2.3 STREE	2.3 STREET ADDRESS							ı	
CITY-ST-ZIP			_	2. 4 CITY-ST-ZIP						hange	Addition	
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NAME			3.2 NAME									
STREET ADDRESS			3.3 STREE									
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NAME			4. 2 NAME									
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CITY-ST-ZIP		□ DELETE	4.4 CITY-S 5.1 TITLE	ST-Z	ZIP				Пс	hange	( ) Addition	
TITLE			5.1 IIILE 5.2 NAME		1				_, ~			
NAME			5.3 STREE		DORESS							
STREET ADDRESS			5.4 CITY-S									
CITY-ST-ZIP		☐ DELETE	6.1 TITLE							hange	Addition	
TITLE		<u></u>	6.2 NAME							-	-	
NAME				REET ADDRESS								
STREET ADDRESS	1		V,0 VIII.L									

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 tristee 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. CITY-ST-ZIP

SIGNATURE:

**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90078 012 \*\*\*158.75