FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 18 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)M83234 GOLD-N-NUGGET OF HOLLYWOOD, INC. Principal Place of Business Mailing Address ONE POMPANO SQUARE ONE POMPANO SOUARE SUITE 8-9 SUITE B-9 POMPANO BEACH FL 33082 POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/31/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0050542 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Country 6. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PEREZ, GONZALO 3000 N.E. 2ND TERR 82 Street Address (P.O. Box Number is Not Acceptable) WILTON MANORS FL 33334 83 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE PEREZ, GONZALO NAME 1.2 NAME 3000 N.E. 2ND TERR STREET ADDRESS 1.3 STREET ADDRESS WILTON MANORS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE PEREZ, DEBRA NAME 2.2 NAME 3000 N.E. 2ND TERR STREET ADDRESS 2.3 STREET ADDRESS WILTON MANORS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME MALA 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

GONZALO PEREZ SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZW

TITLE

NAME

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

62 NAME

DELETE

785-1191

Change

Addition