


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # N96000004635 (6)

SIGHT & SOUND OF GOLD BOOSTERS, INC.



| | | | |
|--|----|--|----|
| Principal Place of Business | | Mailing Address | |
| 14100 N.W. 89TH AVE. MIAMI FL 33016 | | 15118 N.W. 89TH AVE. MIAMI FL 33018 | |
| 21 | 22 | 26 | 27 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| 24 | 25 | 29 | 30 |
| Zip | | Country | |

| | |
|---|--|
| 3. Date Incorporated or Qualified | 09/06/1996 |
| 4. FEI Number | 65-0671311 |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 | |
| MORENO, INES 15118 N.W. 89TH AVE. MIAMI FL 33016 | |

| | |
|---|-----------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | ROSA MATOS |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 9131 N.W. 148 TERRACE |
| 83 | |
| 84 City | Miami |
| 85 Zip Code | FL 33018 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Rosa Matos* DATE: 4/23/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|------------------------|
| TITLE | PD | 1.1 TITLE | PD |
| NAME | MORENO, INES | 1.2 NAME | ROSA MATOS |
| STREET ADDRESS | 15118 N.W. 89 TH AVE | 1.3 STREET ADDRESS | 9131 N.W. 148 TERRACE |
| CITY-ST-ZIP | MIAMI FL 33018 | 1.4 CITY-ST-ZIP | MIAMI FL 33018-7321 |
| TITLE | VPD | 2.1 TITLE | VPD |
| NAME | ACOSTA, HILDA | 2.2 NAME | MARIE LOZAMA |
| STREET ADDRESS | 10089 N.W. 129TH TERR. | 2.3 STREET ADDRESS | 166 NW 110 STREET |
| CITY-ST-ZIP | HIALEAH GARDENS FL 33018 | 2.4 CITY-ST-ZIP | MIAMI SHORES, FL 33168 |
| TITLE | TD | 3.1 TITLE | TD |
| NAME | MORALES, MILDRED | 3.2 NAME | ZUNILDA PRADO |
| STREET ADDRESS | 3126 W. 70TH ST. | 3.3 STREET ADDRESS | 3353 W 68 ST. UNIT 188 |
| CITY-ST-ZIP | HIALEAH FL 33018 | 3.4 CITY-ST-ZIP | HIALEAH FL 33016 |
| TITLE | | 4.1 TITLE | SD |
| NAME | | 4.2 NAME | Cheryl S. Thomas |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 2521 NW 152 Terrace |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | OPALOCKA, FL 33054 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
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| CITY-ST-ZIP | | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rosa Matos* DATE: 4/23/98 305-824-9115

CFR2E037 (10/97)