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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N96000004635

1. Corporation Name
SIGHT & SOUND OF GOLD BOOSTERS, INC.

Principal Place of Business
 14100 N.W. 89TH AVE.
 MIAMI FL 33016

Mailing Address
 15118 N.W. 89TH AVE.
 MIAMI FL 33018



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	7536 West 34 Lane	09/06/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0671311	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		Hialeah, Florida		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29	33018	Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30	Miami-Dade		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MATOS, ROSA 9131 NW 148 TERRACE MIAMI FL 33018				81 Name Victoria Arnaiz			
				82 Street Address (P.O. Box Number is Not Acceptable) 7536 West 34 Lane			
				83			
				84 City Hialeah			
				FL 85 Zip Code 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: *[Signature]* **VICTORIA ARNAIZ** DATE: **2/3/99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATOS, ROSA	1.2 NAME	Victoria Arnaiz
STREET ADDRESS	9131 NW 148 TERRACE	1.3 STREET ADDRESS	7536 West 34th Lane
CITY-ST-ZIP	MIAMI FL 33018-7321	1.4 CITY-ST-ZIP	Hialeah, FL 33018
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOZAMA, MARIE	2.2 NAME	Nancy Godoy
STREET ADDRESS	166 NW 110 STREET	2.3 STREET ADDRESS	1890 West 56 Street, #1322
CITY-ST-ZIP	MIAMI SHORES FL 33188	2.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRADO, ZUNILDA	3.2 NAME	Claudia Zambrano
STREET ADDRESS	3355 W 68 ST UNIT 188	3.3 STREET ADDRESS	6251 West 24th Court, Bldg. 87 #103
CITY-ST-ZIP	HIALEAH FL 33016	3.4 CITY-ST-ZIP	Hialeah, FL 33016
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CHERYL S	4.2 NAME	Sandra Vargas
STREET ADDRESS	2521 NW 152 TERRACE	4.3 STREET ADDRESS	5630 West 21 Court
CITY-ST-ZIP	OPALOCKA FL 33054	4.4 CITY-ST-ZIP	Hialeah, Florida
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]* **VICTORIA ARNAIZ** DATE: **2/3/99** DAYTIME PHONE: **305-825-8104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)