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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 24 1998 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT #

P00767

(4)

BERNARD GOLBIN & ASSOCIATES S.R.L. INCORPORATED

| Principal Place of Business Mailing Address   |   |                      |                              | 1 14415801 (11 00115 00111 10010 0411 1005 01bis 31011 | ainit afait èthii éthii 4851                                     |                                |  |
|---|---|----------------------|------------------------------|--|--|--------------------------------|--|
| ED. LA CAROLINA 10-1 ED. LA CAROLI<br>SANTA MARTA. CARACAS 1061 SANTA MARTA<br>VENEZUELA VENEZUELA  |   |                      | Lina 10-1<br>A. Caracas 1061 |  | DO NOT WRITE IN THIS S   | PACE                           |  |
|   |   |                      |                              |  | 3. Date Incorporated or Qualified 01/31/1984                     |                                |  |
| 2. Principal P  | lace of Business                                  | 2a. Mailing Address  |                              | · · · · -  | 4. FEI Number  | Applied For                    |  |
| 21 26   |   |                      |                              |  | NOT APPLICABLE   | Not Applicable                 |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |   |                      |                              |  | 5. Certificate of Status Desired                                 | \$8.75 Additional              |  |
| 27  |   |                      |                              |  | 5. Certificate of Status Desired                                 | Fee Required                   |  |
| City & State  | 28  |                      | <del>-</del>                 |  | 6. Election Campaign Financing Trust Fund Contribution           | \$5.00 May Be<br>Added to Fees |  |
| Zip   |   |                      | Count                        | ry   | 8. This corporation owes or has paid the current year Intangible |                                |  |
| 24 25 29 30  9. Name and Address of Current Registered Agent  |   |                      | 30                           | Personal Property Tax due June 30. Yes Mo              |  |                                |  |
|   |   |                      |                              | 1 Name   | 10. Harris and Address of tree registeres                        | ·gon                           |  |
| LARKEY, ROBERT B.<br>C/O LARKEY & FELTMAN CPA'S   |   |                      |                              |  |  |                                |  |
| 9200 SOUTH DADELAND BLVD. STE. 310  |   |                      | 8                            | 2 Street A   | Address (P.O. Box Number is Not Acceptable)                      |                                |  |
|   | AMI FL. FL 33156                                  |                      | 8                            | 3  |  |                                |  |
| }   |   |                      | 8                            | 4 City   |  | 85 Zip Code                    |  |
|   |   |                      |                              |  | <u>FL</u>  |                                |  |
| 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 ag |                      |                              | gent signature   | required when reinstating) DATE                                  |                                |  |
| 12.   | PO OFFICERS AN                                    | ID DIRECTORS  DELETE | 13.                          |  | ADDITIONS/CHANGES TO OFFICERS AND                                | Change Addition                |  |
| NAME  | GOLBIN, BERNARD                                   | _ veecit             | 1.2 NAM                      |  |  |                                |  |
| STREET ADDRESS  | ED. LA CAROLINA 10-A                              |                      |                              | ET ADDRESS   |  |                                |  |
| CITY-ST-ZIP   | VENEZUELA   |                      | 1.4 CiTY                     | 1  |  |                                |  |
| TITLE   |   | ☐ DELET <b>e</b>     | 2.1 TITLE                    |  |  | Change Addition                |  |
| NAME  |   |                      | 2.2 NAM                      | E  |  |                                |  |
| STREET ADDRESS  |   |                      | 2.3 STRE                     | ET ADDRESS   |  |                                |  |
| CITY-ST-ZIP   |   | T ones               | 2. 4 City                    |  |  |                                |  |
| TITLE   |   | ☐ DELETE             | 3.1 TITLE                    | 1  |  | Change                         |  |
| NAME<br>STREET ADDRESS  |   |                      | 3.2 NAM                      | E<br>Et address  |  |                                |  |
| STREET ADDRESS CITY-ST-ZIP  |   |                      | 3.3 STRE                     |  |  |                                |  |
| TITLE   |   | DELETE               | 4.1 TITLE                    |  |  | ☐ Change ☐ Addition            |  |
| NAME  |   |                      | 4. 2 NAM                     | E  |  |                                |  |
| STREET ADDRESS  |   |                      | 4.3 STRE                     | et address   |  |                                |  |
| CITY-ST-ZIP   |   |                      | 4.4 CITY                     | - ST - ZIP   |  |                                |  |
| TITLE   |   | ☐ DELETE             | 5.1 TITLE                    |  |  | ☐ Change ☐ Addition            |  |
| NAME  |   |                      | 5.2 NAM                      |  |  |                                |  |
| STREET ADDRESS  |   |                      |                              | ET ADDRESS   |  |                                |  |
| CITY+ST-ZIP   |   | DELETE               | 5.4 CITY                     |  |  | Change Addition                |  |
| TITLE   |   | L_J OELE IE          | 6.1 TITLE                    | 1  |  | — virange ⊢ Mudition           |  |
| NAME<br>PTDEET ANDRESS  |   |                      | 6.2 NAM                      |  |  |                                |  |
| STREET ADDRESS  |   |                      | 6.3 STRE                     | et address   |  |                                |  |

14. Thereby 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 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 energy wered 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 uttachment with an address.