PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200000220

Principal Place of Business	Mailing Address
5100 HOWELL BRANCH ROAD WINTER PARK FL 32792	6908 ASH STREET VANCOUVER B V69 3-4 CD

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90082 013 ***150.00

US GOL	DMARK ENTERPRISES LTD	D., INC.							
Principal Place of Business Mailing Address 5100 HOWELL BRANCH ROAD 6908 ASH STREET WINTER PARK FL 32792 VANCOUVER B V69 3-4 CD						DO NOT WRITE IN T		(1816-11816	1 8814 1981
		-				Date incorporated or Qualifed 10/23/1992	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2 Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applie	d For
21	man is respectively.	-			. روي	59-3156149-		<u> </u>	pplicable
Suite, Apt.		Suite, Apt. #, et	C.			5. Certificate of Status Desired	•	5 Add e Requi	
City & Stat	te	City & State				6. Election Campaign Financing		00 ма	
23		28				Trust Fund Contribution		ded to F	
Zip	Country	Zip	Co	untry		8. This corporation owes the current year			
24	25	29	30			Personal Property Tax.	☐ Yes		No
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Register	ed Agent		
eni	RACHEL L			81	Name				
	HOWELL BRANCH ROAD			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	TER PARK FL 32792								
***	ILITARINI E 32132			83					
				84	City		85	Zip Cod	le
							L		
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change ations of, Section 607.050	was authorize)5, Florida Sta	ed by ti stutes.	-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment a	is regist	ered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registere	ed Agent		d when reinstating) DATE			<u> </u>
	Signature, typed or printed name of registered ag		(NOTE: Registere	ed Agent				CTORS	IN 12
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. ND DIRECTORS	(NÖTE: Registere 13.	ed Agent		d when reinstating) DATE	AND DIRE	CTORS	IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A D LO, VICTOR	ent and title if applicable. ND DIRECTORS	(NOTE: Registere 13. TE 1.1 T	ed Agent TITLE NAME		d when reinstating) DATE	AND DIRE	CTORS	IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A D LO, VICTOR 6908 ASH STREET	ent and title if applicable. ND DIRECTORS	(NOTE: Registere 13. TE 1.1 I 12.N 1.3.5	ed Agent TITLE NAME STREET	signature required	d when reinstating) DATE	AND DIRE	CTORS	IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A D LO, VICTOR	ent and title if applicable. ND DIRECTORS	(NOTE: Registere 13. TE 1.11 12.N 1.3.8	ed Agent TITLE NAME	signature required	d when reinstating) DATE	AND DIRE	CTORS	IN 12 ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A D LO, VICTOR 6908 ASH STREET	ent and title if applicable. ND DIRECTORS DELE	(NOTE: Registere 13. TE 1.17 12.N 1.3.S 1.4.C TE 2.17	ed Agent . TITLE NAME STREET A	signature required	d when reinstating) DATE	AND DIRE	CTORS	IN 12 ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ag OFFICERS A D LO, VICTOR 6908 ASH STREET VANCOUVER BC	ent and title if applicable. ND DIRECTORS DELE	(NOTE: Registere 13. TE 1.11 1.2 h 1.3 s 1.4 C TE 2.11 2.2 h	ed Agent . TITLE NAME STREET A CITY-ST- TITLE	signature required	d when reinstating) DATE	AND DIRE	CTORS	IN 12 Addition
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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 suppliemental 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, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR