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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P92000006030**1. Corporation Name

GOLD-N-GIFTS ON THE BEACH, INC.

GOLDIN	an to sit the below.								
Principal Place of Business Mailing Address									
701 71ST STREET 701 71ST STREET			1 71ST STREET						
MIAMI BEACH FL 33141 MIAMI BEACH FL 33141						DO NOT WRITE IN THIS SPACE			
							3. Date incorporated or Qualifed	<u>.</u>	
							11/19/1992		
2 Principal Place of Business 2a. Mailing Address								pplied For .	
2. Principal Place of Business 2a. Mailing Addre			· Walling Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			65-0369813	lot Applicable	
· ·			Suite, Apt. #, etc.				\$8.75	Additional	
Suite, Apt. #, etc.			27				5. Certificate of Status Desired Fee Required		
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
- 7 '			28						
Zip				Countr					
–	<u> </u>	25 29 30					Personal Property Tax.	□No	
24	9. Name and Address of Curren		stered Agent				10. Name and Address of New Registered Agent		
				8	1	Name	•	Į.	
CARRANZA, TERESITA				8	,	Street Addre	ess (P.O. Box Number is Not Acceptable)		
701 71ST STREET			ľ	Street Address (
MIAMI BEACH FL FL 33141				8	83				
				_		0.4		Code	
				8		City	FL 1		
office or reagent. I ar	egistered agent, or both, in the State π familiar with, and accept the obliga	tions o	f, Section 607.0505, Florid	a Statute	es.	aro corporation	oration submits this statement for the purpose of changing in s board of directors. I hereby accept the appointment as	registered	
	Signature, typed or printed name of registered age OFFICERS AN			13.	90.11		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
12.	PD	U DIIV	☐ DELETE	1.1 TITLE	 E		Chang □	B Addition	
TITLE	CARRANZA, TEREESITA		_	1.2 NAM	Ε				
NAME	6446 S.W. 15TH ST.			1.3 STRE	EET.	ADDRESS			
STREET ADDRESS	MIAMI FL 33144			1.4 CITY			·		
CITY-ST-ZIP			☐ DELETE	2.1 1111	_		Chang	e Addition	
TITLE	VD		-	2.2 NAM					
NAME	Peraza, Béatriz 4901 n.w. 4th St.					ADDRESS			
STREET ADDRESS	**- * * *			2.4 CITY		ì			
CITY-ST-ZIP	MIAMI FL 33126		☐ DELETE	3.1 TITLE			☐ Chang	e 🔲 Addition	
TITLE	STD CARDANIZA MARIA		_	3.2 NAM					
NAME	CARRANZA, MARIA 6446 S.W. 15TH ST.			1		ADDRESS	■ A Section 1 of the section of	814# NF + 25 F JS	
STREET ADDRESS				3.4. CIT					
CITY-ST-ZIP	MIAMI FL 33144		☐ DELETE	4.1 TITL		<u>, </u>	Change	je 🔲 Addition	
TITLE				4, 2 NAN		1		İ	
NAME				B.		ADDRESS			
STREET ADDRESS				4.4 CITY					
CITY-ST-ZIP			☐ DELETE	5.1 TITL	_		Chang	ge Addition	

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an effect of empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in an address, with all other like empowered. I hereby certify that the information supplied with this filing do indicated on this annual report or supplemental annual report of supplemental annual report of the corneration or the acceptance of trustee.

6.4 CITY-ST-ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change

Addition

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90061 032 ***150.00