

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

FILED
May 15 1998 8:00am
Secretary of State

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

DOCUMENT # P93000024134 (7)

1. Corporation Name

PATAGONIA GOLD CORPORATION



Principal Place of Business

5880 FRENCH PLUM LANE
TAMARAC FL 33321

Mailing Address

5880 FRENCH PLUM LANE
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite 1505	26	Suite 1505	03/31/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	1060 Alberni Street	27	1060 Alberni Street	65-0401897	
City & State		City & State		Applied For	
23	Vancouver BC	28	Vancouver BC	Not Applicable	
24	Zip V6E 4K2	29	Zip V6E 4K2	5. Certificate of Status Desired	
25	Country CANADA	30	Country CANADA	<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LITTMAN, ERIC
1428 BRICKELL AVENUE
8TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name LITTMAN ERIC P
82 Street Address (P.O. Box Number is Not Acceptable) 7659 SW 10th Street
83 Suite 210
84 City Miami FL 85 Zip Code 33156

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, to 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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, LAWRENCE S			1.2 NAME	DAVID JENKINS		
STREET ADDRESS	5880 FRENCH PLUM LANE			1.3 STREET ADDRESS	1505-1060 Alberni Street		
CITY-ST-ZIP	TAMARAC FL 33321			1.4 CITY-ST-ZIP	Vancouver BC CANADA V6E 4K2		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	D.S.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME	COSEMI M. BELCAR VARELA		
STREET ADDRESS				2.3 STREET ADDRESS	Abogados Reconquista 657		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	BUENOS AIRES, ARGENTINA 1373		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	ANTONIO CACACE		
STREET ADDRESS				3.3 STREET ADDRESS	THE WORN WORKS, BRITON FERRY, NORTH		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	WEST GLANDSEAN SA11 2JK U.K.		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE DAVID JENKINS April 30 1998 (111) 682-4443

CR2E034 (10/97)