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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90056 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000024134

1. Corporation Name

PATAGONIA GOLD CORPORATION

Principal Place of Business

1060 ALBERNI STREET
SUITE 1505
VANCOUVER BC V6E5K
US

Mailing Address

SUITE 1505
1060 ALBERNI STREET
VANCOUVER BC V6E4K
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1993

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip V6E4K2 25 Country CA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip V6E4K2 30 Country CA

4. FEI Number

65-0401897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LITTMAN, ERIC
7659 SW 104 STREET
SUITE 210
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JENKINS, DAVID	
STREET ADDRESS	1505-1060 ALBERNI STREET	
CITY-ST-ZIP	VANCOUVER BC V6E4K	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	VARELA, BELLAR VARELA	
STREET ADDRESS	ABAGODAS RECONQUISTA 657	
CITY-ST-ZIP	BUENOS AIRES AR 1373	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CACACE, ANTONIO	
STREET ADDRESS	THE WORN WORKS, BRITON FERRY, NEATH	
CITY-ST-ZIP	WEST GLAMBREAN SA11ZJX UK SA112	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	V6E4K2

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VARELA, COSME M. BECCAR
2.3 STREET ADDRESS	RECONQUISTA 657
2.4 CITY-ST-ZIP	BUENOS AIRES ARGENTINA 1373

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CACACE, ANTONINO
3.3 STREET ADDRESS	WEST GLAMORGAN UK SA11ZJX
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 11, 1999 (604) 687-4432

Date

Daytime Phone #

CR2E034.11198