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

**PROFIT** CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400007334 (3)

THE GOLD WAY CORPORATION

| Date of the   |                                     | Marie Andrea                           |                                       |   |  |  |                |           |                |
|---|-------------------------------------|--|---------------------------------------|---|--|--|----------------|-----------|----------------|
| Principal Place of Business Mailing Address                       |                                     |  |                                       |   |  |  | 1946           |           |                |
| 6615 S.W. 151 CT. 6615 S.W. 151 CT. MIAMI FL 33183 MIAMI FL 33183 |                                     |  |                                       |   |  | DO NOT WRITE IN TH   | IIS SPA        | CE        |                |
|   |                                     |  |                                       |   |  | 3. Date Incorporated or Qualified  |                |           |                |
|   |                                     |  |                                       |   |  | 01/31/1994   |                |           |                |
| 2. Principal Place of Business 2a. Mailing Address                |                                     |  |                                       |   |  | 4. FEI Number  |                | T_A       | pplied For     |
| 21  |                                     | 26                                     | 26                                    |   |  | 65-0468711   | Not Applicable |           |                |
| Suite, Apt  | . ₩, etc.                           | Suite, Apt. #, etc. 27 City & State 28 |                                       |   | 5. Certificate of Status Desired Security Securi |  |                |           |                |
| City & Star   | te                                  |  |                                       |   |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees               |                |           |                |
| Zip   | Country                             | Z <sub>I</sub> p                       | Cou                                   | ntry  |  | B. This corporation owes or has paid the   | current        | year In   | ıtangible      |
| 24  | 25                                  | 29                                     | 30                                    |   |  | Personal Property Tax due June 30.   |                |           | ☐ No           |
|   | g, Name and Address of Cu           | irrent Registered Agent                |                                       |   | <u>.                                    </u>   | 10. Name and Address of New Register   | ed Age         | <u>nt</u> |                |
| DU  | Iran, Pedro B                       |  |                                       | 81  | Name   |  |                |           |                |
| 6815 S.W. 151 CT.   |                                     |  |                                       | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |                |           |                |
| MIAMI FL 33193  |                                     |  | }                                     | 63  |  |  |                |           |                |
|   |                                     |  |                                       |   |  |  |                |           | <del></del>    |
|   |                                     |  |                                       | 84  | City   | T .  | FL  8          | 5 Zip     | Code           |
| 11 Purcuant   | to the provisions of Sections 607   | 0502 and 607 1508 Florida S            | tatutes the at                        | NOVE  | -named corr  |  |                | angino    | its registered |
| office or   | registered agent, or both, in the S | state of Florida. Such change          | was authorized                        | by l  | the corpora  | poration submits this statement for the purpos<br>tion's board of directors. I hereby accept the | appoint        | ment as   | s registered   |
| agent. La   | am familiar with, and accept the o  | bligations of, Section 607.050         | 5, Florida Stati                      | ules.   | •  |  |                |           |                |
| SIGNATURE   |                                     |  | MADE D. Selection                     |   | -1   | ired when rainstating) DA  | ·              |           |                |
| 12.   |                                     |  |                                       | Ager  | ni signature requi   | ired when reinstating) DA' ADDITIONS/CHANGES TO OFFICERS   |                | RECTO     | RS IN 12       |
| TITLE   | PD                                  | DELETI                                 | 13.                                   | I.F.  |  | ADDITIONS/OTANGED TO OTH IGENO   |                | Change    |                |
| NAME  | DURAN, PEDRO B                      |  | 1.2 NA                                |   |  |  | _              |           |                |
|   | 6615 S.W. 151 CT.                   |  |                                       |   | ADDRESS  |  |                |           |                |
| STREET ADDRESS  |                                     |  | 1.3 STREET ADDRESS<br>1.4 CHTY-ST-ZIP |   |  |  |                |           |                |
| CITY-ST-ZIP<br>TITLE  | MIAMI FL 33193<br>STD               | DELET                                  |                                       |   | J-ZIP  |  | $-\Box$        | Change    | Addition       |
|   | DURAN, GLORIA                       | UID                                    |                                       |   | 1  |  |                | ·         |                |
| NAME  | 6615 S.W. 151 CT.                   |  | 2.2 NAME  2.3 STREET ADDRESS          |   | ADDRESS  |  |                |           |                |
| STREET ADORESS  | MIAMI FL 33193                      |  | 2.4 CITY-ST-2IP                       |   | · ·  |  |                |           |                |
| CITY-ST-ZIP   | MIAMI FL 33193                      | DELETE                                 |                                       | 3.1 TITLE   |  |  |                | Change    | Addition       |
| TITLE   |                                     |  | 3.2 NA                                |   |  |  |                | •         |                |
| NAME  | 1                                   |  |                                       |   | 4000000  |  |                |           |                |
| STREET ADDRESS  | }                                   |  |                                       |   | ADDRESS  |  |                |           |                |
| CITY-ST-ZIP   |                                     | DELETI                                 | 3.4. CI                               |   | 1-212  |  |                | Change    | ☐ Addition     |
| TITLE   |                                     | - Determ                               | 4.2 N                                 |   |  |  |                |           |                |
| NAME  |                                     |  |                                       |   | ADDOCCO  |  |                |           |                |
| STREET ADURESS  |                                     |  | 1                                     |   | ADDRESS  |  |                |           |                |
| CITY-ST-ZIP   |                                     | DELET                                  | 4.4 CI<br>5.1 TI                      |   | 1-ZIP  |  | $\neg \neg$    | Change    | Addition       |
| TITLE   |                                     | DELEN                                  |                                       |   |  |  |                | - im. if  |                |
| NAME  |                                     |  | 5.2 NA                                |   |  |  |                |           |                |
| STREET ADDRESS  |                                     |  |                                       |   | ADORESS  |  |                |           |                |
| CITY-ST-ZIP   |                                     |  | 5401                                  |   | T-ZIP  |  |                | Change    | Addition       |
| TITLE   |                                     | DELET                                  |                                       |   |  |  |                | Gridinge  |                |
| NAME  |                                     |  | 62 N                                  | ME  | - 1  |  |                |           |                |

6 3 STREET 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 or supplieriental 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 adoless.

(305) 383-8379

**FILED** 

Apr 17 1998 8:00am

Secretary of State

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