## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

P94000031202 (2)

DOCUM 1. Corporation N	1ENT # <b>P940</b> 0	0031202 (2	?)				
GOLD DATA, INC.							
Principal Place o	of Business	Mailing Address				NITE BRIND BURN IININ YOUN BRIND IVON KOOT	
6802 N.W. B4TH AVENUE			6802 N.W. 84TH AVENUE				
MIAMI FL 3316	\$6	MIAMI FL 33166			3. Date Incorporated or Qualified	3a. Date of Last Report	
					04/25/1994	02/21/1995	
9 Principal Plac	on of Husiness	2a. Mailing Address	2a. Mail:ng Address		4. FEI Number	Applied For	
2. Principal Place of Business 2a. Mailing Address 21					65-0500280	Not Applicable	
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.	F1		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22			City & State		6. Election Campaign Financing	\$5.00 May Be	
City & State		28			Trust Fund Contribution	Added to Fees	
Ζιρ	Country	Zip	Country		B. This corporation has liability for in Florida Statutes  Yes	stangible tax under s. 199.032,	
24 25		29	30	<del></del>	Florida Statutes Yes  10. Name and Address of New Re		
	9. Name and Address of Curre	ent Registered Agent	81	Name	TO. Italia		
NEDA CRECRO			82	Street A	iddress (P.O. Box Number is Not Acceptable	9)	
NERA, CRESPO 3150 NW 99TH PLACE			02	SHEEL	address (F.O. Dox No Fiber 10		
-91E; 2.					· · · · · · · · · · · · · · · · · · ·		
MIAMI FL 33172			84	City		85 Zip Code	
				J	rporation submits this statement for the purp board of directors. I hereby accept the appo	FL 3 25 Code	
CHONIATING	Sopulare, typist or printed han a of topolleries age	eut and the d'applicatio (f IND DIRECTORS	CTE Registered Age	ent signature re	بوران به المارية المارية ADDITIONS/CHANGES TO OFFI	DATE	
THE	P	DELETE	1 1 TITLE	1			
NAME	CHIA, ENRIQUE 16681 SW 5TH COURT FORT LAUDERDALE FL 33326 V DELETE		1.2 NAME	1.3 STREET ADDRESS :			
STREET ADDRESS				1			
CITY STOTE			2 1 TILLE		V	Change Addition	
HILE NAME	HAGEI, JULIO				HAGE! JULIO		
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CIY SI Zir	MIAMI FL 33015		2.4 CiTY-	ST-ZIP	MIANI, FL. 33015		
101.6			3 1 1111			Change Addition	
NAME			3 2 NAMI				
STREET ADDRESS				ET ADDRESS			
CHY ST ZIF		——————————————————————————————————————	3 4 CITY			Change Addition	
THILE		☐ DELETE	4 1 111L 4 2 NAM				
NAMÉ				ET ADDRESS			
STEEL ADDRESS			4.4 CITY				
CITY: ST ZIF	La pricie		5 1 1111			Change Addition	
NAM;		<del></del>	5.2 NAM	Ė			
STREET ADDRESS			53 STRE	et address			
Grand Field			5.4 City	- ST - 7iP		[ ] Observed [ ] Address	
ma		DELETE	6 1 1111	E		Change Addition	
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
DHY \$1-74		//_	64 CiTY	-S1 - ZIP	IV 4. the comption stated in Egation 110	07/3/k) Florida Statutes I further	

14. I do hereby cert'y that the information supplied with this fling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated or flins annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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. Changed, or on an autofiliant with an address. SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 592·9583