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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

Principal Place of Business

DOCUMENT # P94000083918 (0)

Mailing Address

THE GOLD MINE, INC. OF BROWARD COUNTY

5405 NW 102 AVENUE 5405 NW 102 AVE DO NOT WRITE IN THIS SPACE SUNRISE FL 33351 SUNRISE FL 33351 3. Date Incorporated or Qualified 11/17/1994 2, Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 26 65-0624351 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EINIGER, WARREN 15701 WEST WATERSIDE CIRCLE, #202 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33326 83 84 City 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 except the obligations of, Section 607.0505, Florida Statutes. alore, typed or printed name of registered agent and thin if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1 1 TITLE TITLE EINIGER, WARREN 1.2 NAME NAME 15701 W. WATERSIDE CIR., #202 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33326 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change ___ Addition 21 TITLE TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 31 TITLE

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 attactment with an address

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TIFLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

3 4. CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

63 STREET ADDRESS

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

STREET ADORESS

STREET ADORESS

CITY-ST-ZIP

Nu Day

4-22-98

CR2E034 (1)

Addition

Addition

Addition

Change

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FILED

May 05 1998 8:00am

Secretary of State