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

CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000090916 (5)

1. Corporation Name
GOLD CAPITAL SERVICES, INC.

Principal Place of Business
10620 S.W. 72ND COURT
MIAMI FL 33156

Mailing Address
10620 S.W. 72ND COURT
MIAMI FL 33156

3. Date Incorporated or Qualified
12/15/1994

4. FEI Number
65-0541984

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 or has paid the current year Intangible Personal Property Tax due June 30 [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

GOLD, STEVEN S
10620 S.W. 72ND COURT
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

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CEO	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	GOLD, STEVEN S		1 2 NAME	
STREET ADDRESS	10620 S.W. 72ND COURT		1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1 4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	GOLD, BETH E		2 2 NAME	900002793559--3
STREET ADDRESS	10620 SW 72ND CT		2 3 STREET ADDRESS	-03/03/99--01075--003
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP	****150.00 ****150.00
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

2-11-99

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: /S/ S. Gold 2-11-99 305-667-5283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

0220401