

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000012799

1. Corporation Name

MORGAN GOLD MINE INC.

Principal Place of Business

Mailing Address

25 SE 2nd. Ave. # 503  
Miami, Fl. 33131

3. Date Incorporated or Qualified  
02-15-95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Same as above

26 Same as above

4. FEI Number

65-0562543

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23

27

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEXANDRE MORGADO A/K/A Alejandro M.  
Pereira

81 Name

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

25 S.E. 2nd. Ave. # 503

83

84 City

Miami

FL

85 Zip Code  
33131

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD  
NAME  
STREET ADDRESS ALEXANDRE MORGADO A/K/A  
CITY-ST-ZIP ALEJANDRO M. PEREIRA

1 1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

PD  
JOAO A. DEBARROS  
25 SE 2nd Ave. # 503  
Miami, Fl. 33131

☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2 1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

SD  
FRANCISCO MEIRELES  
25 SE 2nd Ave. # 503  
Miami, Fl. 33131

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3 1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

VP-VS-D  
ALEJANDRO M. PREREIRA A/K/A  
ALEXANDRE MORGADO  
25 SE. 2nd. Ave. # 503  
Miami, Fl. 33131

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4 1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5 1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

800001786278  
-04/26/96--01061--007  
\*\*\*200.00 \*\*\*200.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6 1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOAO A. DEBARROS-PRESIDENT

305-371-6794

04-22-96

Date

Daytime Phone #

CR2E034 (12/95)