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

PROFIT , CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998	100	DIVISION OF CORPORATIONS			Secretary	Secretary of State		
DOCU 1. Corporation	IMENT on Name	# P95	00001	3714 (7	7)		Secretary	or St	aic
	GOLD INC			•	•				
		•					1 HERITAGN (ID 1910) BUSH BUSH BUSH BUSH	a <b>Paid</b> r e <b>raka</b> elsel anda	
Principal Plac	ce of Busines	SS	Mailir	ng Address				<b>                                    </b>	
18200 NW 29 AVE.				12027 GLENMORE DR					
MIAMI FL 33015 CORAL SPRINGS FL 3301 US US					33071		DO NOT WRITE IN	THIS SDACE	
03			u	>			3. Date Incorporated or Qualified	THIS SPACE	
							02/17/1995		
Principal Place of Business			2a. M	2a. Mailing Address			4. FEI Number	I A	pplied For
21			26				65-0556510	į N	ot Applicable
Suite, Apt. #, etc.			27 St	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional lequired
City & State City & S				ity & State			6. Election Campaign Financing	\$5.00	May Be
23			28				Trust Fund Contribution		to Fees
Zîp.		Country	Zi	þ	<del></del>	ntry	8. This corporation owes or has paid to		
24	o Name	25  and Address of Cu	29 29	eri Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Regist		No
				ou rigent		81 Name	It. Italie and Address of New Regist	ięreji Agent	<del></del>
LEE, SUNG K									
12027 GLENMORE DR CORAL SPRINGS FL 33071						82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
]						83			
ĺ						04 Oth			
						84 City		<b>!!</b>	Code
11. Pursuant	to the provis	ions of Sections 607.	.0502 and 607.	1508, Florida Statt	tes, the al	ove-named c	orporation submits this statement for the purp	ose of changing i	ts registered
011100 01 1							votion's board of directors. I because a cardial it		
agent. I a	am famillar yf	ith and accept the o	bligations of Si	ection 607.0505, F	authorize Iorida Stat	d by the corpo utes.	orporation submits this statement for the purporation's board of directors. I hereby accept the	e appointment as	registered
agent. I a SIGNATURE		· \ \							registered
SIGNATURE		y printed name of registers	d agent and title if ap	eplicable. (NO	TE: Registered		quired when reinstating) D	DATE	
		y printed name of registers		eplicable. (NO	TE: Registered	I Agent signature re		DATE S AND DIRECTOR	RS IN 12
SIGNATURE	Signature types	y printed name of registers CFFICERS	d agent and title if ap	plicable. (NO	TE: Registered	d Agent signature re	quired when reinstating) D	DATE	
SIGNATURE  12.  INTLE	PD LEE, I	y printed name of registers CFFICERS	d agent and title if ap	plicable. (NO	13. 1.1 TO	d Agent signature re	quired when reinstating) D	DATE S AND DIRECTOR	RS IN 12
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14. I hereby certify that the information supplied with this filling 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 by 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 charged not on any stachment with an address. SIGNATURE:

**FILED** 

Feb 05 1998 8:00am