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

DOCUMENT # P95000027259 (7) 1. Corporation Name

UNIVERSE GOLD U.S.A. CORP.

Principal Place of Business

Mailing Address

Secretary of State

FILED

Jan 15 1998 8:00am

1 16 hill 61 110 1616	 	INDIA LINE	MISSE SESS SEES

		maning / loaress						
1717 N. BAY SUITE 208	SHORE DRIVE	1717 N. BAYSHORE DRIVE						
SUITE 208 MIAMI FL 33132		SUITE 208 Miami Fl 33132			DO NOT WRITE IN THIS SPACE			
		MINIMI TE GOTOE			3. Date Incorporated or Qualified			
1					04/06/1995			ļ
2. Principal P	Place of Business	2a. Mailing Address	·		4. FEI Number			Applied For
21 1717	N. Boyshore Drive	26		_	65-0570171			Vol Applicable
Suite, Apt.	#, etç.	Suite, Apl. #, etc.						Additional
22	vite 208	27	ンヒ		5. Certificate of Status Desired			Required
City & Stet		City & State 5		-,	6. Election Campaign Financing		\$5.00	D May Be
23 MIG	imi, Fla.	28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	у	8. This corporation owes or has pa-	d the curre	nt year Ir	ntangible
24 35		29 3	0	v=	Personal Property Tax due June	_		∐ Ňo
<u> </u>	9. Name and Address of Current Re	egistered Agent			10. Name and Address of New Re	istered Aç	jent	
	TARO, MARIO		81	Name				
17	17 N. BAYSHORE DRIVE		82	Street Ark	dress (P.O. Box Number is Not Acceptab	lo)		
SU	ITE 208		"	Olloc, Mac	diess (F.O. Box Nulliber is Null Acceptab	.0)		
MI	AMI FL 33132		83		SAME			
			6.4		011		(a=1	
			84	1		FL	l ' l ' '	Code
11. Pursuant	to the provisions of Sections 607.0502 an egistered agent, or both, in the State of F in familiar with, and accept the obligation	id 607.1508, Florida Statutes,	the abov	±===== e-named cor	poration submits this statement for the p	urpose of c	iL hanging	its registered
office or r	egistered agent, or both, in the State of F	lorida. Such change was aut	horized b	y the corpora	ation's board of directors. I hereby accep	t the appoir	ntingnt <u>a</u>	s registered
	an laminar with and accept the congritor	is or, accitori dov. coos, ficht	ua Statute	\$.		1/10	193	e
SIGNATURE	Signature, typed or printed harne of registered agent are	ditte if anotherable (NOTE B	icastored Ac	oot s quature req	pired when reinstating]	70	/_()
12.	OFFICERS AND DI		13.		ADDITIONS/CHANGES TO OFFIC	FBS AND F	DIRECTO	
TITLE	Р	DELETE	11 THLE	T~			Change	
NAME	PATARO, MARIO		1.2 NAME			_		_
STREET ADDRESS	1717 N. BAYSHORE DRIVE, #200	8	1.3 STREET	LADORESS				
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY - S					
TITLE		DLUETE	2.111116	71.511			Change	Addition
NAME			2.2 NAME				_ U.Kingo	
STREET ADORESS			2 3 STHEET	Afribblee				
CITY-ST-ZIP				1				
TITLE		DELETE	2 4 CITY-: 3.1 TITLE	\$1-70			Change	Addition
NAME			3.2 NAME			L.	J Change	L' AOQUIOU
STREET ADDRESS				1000000				
			3.3 STREET					
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-5	S1 - 7IP			12	
		ב טונכונ	4.1 TITLE			L	Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREF1					ĺ
CITY-ST-ZIP		T SELECT	44 CHY-S	1-7IP				
TITLE		☐ DELETE	5 1 TITLE	Ì		L	_ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	T - 7(P				
TITLE		☐ DELETE	6.1 1111.6			L	Change	Addition
NAME			6.2 NAME					j
STREET ADDRESS			6.3 STREET	ADDRESS				
015 23 970			1					-

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 13 if changed, or on an attachment with an autoriss.