

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Jul 29 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000032952 (0)
 1. Corporation Name
GOLD NETWORK CORPORATION



Principal Place of Business 600 W PORK DRIVE SUITE 103 MIAMI FL 33172 40	Mailing Address 600 W PORK DRIVE SUITE 103 MIAMI FL 33172 40
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/26/1995	3a. Date of Last Report 05/31/1996
4. FEI Number 65-0575595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8181 N.W. 36th Street Suite, Apt. #, etc. 22 SUITE 17-B City & State 23 MIAMI, FL Zip 24 33146	2a. Mailing Address 26 8181 N.W. 36th Street Suite, Apt. #, etc. 27 SUITE 17-B City & State 28 MIAMI, FL Zip 29 33146	Country 25 DADE	Country 30 DADE
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9. Name and Address of Current Registered Agent
DA COSTA FILHO, PEDRO N
600 PORK DRIVE
SUITE 103
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name NOGUEIRA, ITALO
82 Street Address (P.O. Box Number is Not Acceptable) 10040 N.W. 43RD TERRACE
83
84 City MIAMI
85 Zip Code FL 33178

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE **NOGUEIRA, ITALO** DATE **07/22/97**

12. OFFICERS AND DIRECTORS

TITLE PSD	<input checked="" type="checkbox"/> DELETE
NAME DA COSTA FILHO, PEDRO N	
STREET ADDRESS 600 W PORK DRIVE, SUITE 103	
CITY-ST-ZIP MIAMI FL 33172	
TITLE VTD	<input checked="" type="checkbox"/> DELETE
NAME NOGUEIRA, ITALO	
STREET ADDRESS C/O 600 W. PORK DRIVE, SUITE 103	
CITY-ST-ZIP MIAMI FL 33172	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME DA COSTA FILHO, PEDRO N	
1.3 STREET ADDRESS 10040 N.W. 43RD TERRACE	
1.4 CITY-ST-ZIP MIAMI, FL. 33178	
2.1 TITLE VSO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME NOGUEIRA, ITALO	
2.3 STREET ADDRESS 10040 N.W. 43RD TERRACE	
2.4 CITY-ST-ZIP MIAMI, FL. 33178	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

CR2E034 (4/97)