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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000040212

1. Corporation Name

EURASIA GOLD FIELDS, INC.

I illioipai i lace	e of Business .	Mailing Address								
1080 ALBERNI STREET		1060 ALBERNI STREET								
SUITE 1505		SUITE 1505			DO NOT MIDITE IN THIS SDACE					
VANCOUVER BC V6E-4K2		VANCOUVER BC V6E-4K2 CA				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
CA		CA			3.	05/22/1995				
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number			Applied For	
21		26				98-0190293			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	C-dif-t- of Status Desired		\$8.7	5 Additional	
22		27			5.	Certificate of Status Desired	<u></u>	Fee	Required	
_ City & State	9	City & State			6.	Election Campaign Financing		\$5.0	0 May Be	
23	•	28				Trust Fund Contribution		Adde	ed to Fees	
Zip	Country	Zip	Coun	try	8.	This corporation owes the curren	t year Intar	ngible		
24	25	29	30			Personal Property Tax.	l	☐ Yes	Jano	
	9. Name and Address of Current	Registered Agent			10.	Name and Address of New Re	gistered A	gent		
	500 5	•	1	Name						
	MAN, ERIC P			32 Street	Address (F	P.O. Box Number is Not Acceptable	e)			
7695 S.W. 104 STREET		62 3tr		- Outou	. Addi Coo (i	.c. box (tallibs) is visit isospinati	-,			
	E 210		1	33						
MIAN	II FL 33156		ļ.,					100 7	in Codo	
			{	14 City			FL	85 Z	ip Code	
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut	thorized I	ov the com	corporation s be	oard of directors. I hereby accept t	ine appoint	ment as	registered	
0,0,0,0,0	Signature, typed or printed name of registered agent a	AINTE O								
				gent signature	required when		DATE			
12.	OFFICERS AND	DIRECTORS	13.			reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND			
	OFFICERS AND		13. 1.1 TITL				CERS AND	DIREC Chang		
12.	OFFICERS AND PD LACASA, JORGE L	DIRECTORS	13. 1.1 TITL 1.2 NAM	E E			CERS AND			
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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 chapted or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90056 012 ***150.00