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

PROFIT
CORPORATION
ANNUAL REPORT
1999



DOCUMENT # P95000043754

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90213 029 \*\*\*150.00

GOLD P	LUS REALTY, INC.						
Principal Place of Business Mailing Address 13790-G SW 56 ST 9010 SW 137TH AVE MIAMI FL 33185 SUITE 113 MIAMI FL 33186				DO NOT WRITE IN T		<b>.</b>	
				<ol> <li>Date Incorporated or Qualifed 06/07/1995</li> </ol>			
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Api	plied For	
<u>.                                    </u>		26		65-0585890	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re		
	e	City & State		6. Election Campaign Financing	\$5.00	May Be	
3		28		Trust Fund Contribution	Added to		
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	<b>~</b> /	
4	25	29 3	30	Personal Property Tax.		<b>≥</b> (No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	ed Agent		
DICA	DDO CHEDDA		81 Name	ASELA GUERRA		}	
PICARDO GUERRA -			82 Street Ac	dress (P.O. Box Number is Not Acceptable)			
10790-G-SW 50-ST				190-6 S.W. 56 ST'			
MIN	WITE 33 TOO		83				
			84 City		85 Zip C	Code	
			' A	11AMI FL. 33/85 F	`L     `		
office or ragent. I a	registered agent, or both in the Stat im familia with and accept the oblig	e of Florida. Such change was aut gations of, Section 607.0505, Florid	thorized by the corpora da Statutes.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as reg	gisterea 	
- OIGHATONE	Signature, typed or printed name of registered as		Registered Agent signature requ				8
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		RS IN 12 Addition	2
TITLE	P	DELETE	1,1 TITLE	ASELA GUERRA	Change	ACIAGGIOON	CR2E034 (11/98)
NAME	GUERRA, RICARDO		1.2 NAME	18ela Guerra 3790-65.W. 1861			ප්
STREET ADDRESS	1 <del>3790 G SW 50 ST</del>		1.5 STREET ADDITION	MIAMI FL 33185			2E
CITY-ST-ZIP	MIAMI FL 99105	<del>\</del>	1.4 CITY-ST-ZIP		Change	Addition	8
TITLE	STD	DELETE	2.1 TITLE		Change	☐ Audition	_
NAME	VERGEL, MIGDALIA 3		2.2 NAME				
STREET ADDRESS	13799 G SW 56 ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33185	Florists	2 4 CITY-ST-ZIP		Change	Addition	
TITLE		☐ DELETE	3.1 TITLE		□ cuange		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change	Addition	
TITLE		□ percie	4.1 TITLE				
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	Addition	iı
TITLE		اسا تحديدات	5.1 MAME				
NAME			5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change	Addition	
TITLE			6.2 NAME				
NAME			6.3 STREET ADDRESS				
STREET ADDRESS			6.4 CITY-ST-ZIP				
CITY-ST-ZIP	1		= 0.7 O VI.T.				

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 changed or on appears with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOUERRYS

1/28/99 Daytime Phone #