

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068674 (7)

1. Corporation Name

GOLDIE'S PRODUCTION, INC.



Principal Place of Business

Mailing Address

169 EAST FLAGLER ST., STE. 1527
MIAMI FL 33131

169 EAST FLAGLER ST., STE. 1527
MIAMI FL 33131

3. Date Incorporated or Qualified

09/06/1995

3a. Date of Last Report

01/1/96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEDROSO, ACELO I
169 EAST FLAGLER ST., STE. 1527
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if applicable (Typed Name)

(Typed Name of Registered Agent if applicable when not typed)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE D [] DELETE
NAME SCOTT, DEREK
STREET ADDRESS 169 EAST FLAGLER ST., STE. 1527
CITY-ST-ZIP MIAMI FL 33131

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
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TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE [] Change [] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE [] Change [] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE [] Change [] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE [] Change [] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE [] Change [] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE [] Change [] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Derek S. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 22, 1996 (205) 381-4188

CR2E034 (3/96)