FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P95000074220

1. Corporation Name

GOLD FLORIDA INSURANCE INC

Principal Place of Business

11860 SW 18 Terrace #102
MIAMI, FL 33175

Mailing Address

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Incorporated or Qualified: 09/26/95
3a. Date of Last Report: 6/30/96
4. FEI Number: 65-0263504 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALEZ FIDEL R
11860 S.W 18 Terrace #102
MIAMI, FL 33175

Name of New Registered Agent

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

City — FL — 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: X _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ FIDEL		12 NAME	
STREET ADDRESS	11860 S.W 18 Terrace #102		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175		14 CITY-ST-ZIP	
TITLE	SDT	☒ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	NUNEZ CARMEN		22 NAME	
STREET ADDRESS	240 E 1ST AVENUE		23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33010		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: X _____ President 4/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #