

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

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PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000093252 (1)

1. Corporation Name
MIDAS CAPITAL GROUP, INCORPORATED

Principal Place of Business

2632 N.W. 43RD STREET
SUITE A-102
GAINESVILLE FL 32606

Mailing Address

C/O RAYMOND M. AVEY, ESQ.
2632 NW 43RD STREET #A-102
GAINESVILLE FL 32606-6635

3. Date Incorporated or Qualified 12/05/1995	3a. Date of Last Report 07/31/1996
4. FEI Number APPLIED FOR 59-3408948	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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97 OCT -6 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

IVEY, RAYMOND M
2632 N.W. 43RD STREET
SUITE A-102
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IVEY, RAYMOND M., ESQ.	
STREET ADDRESS	2632 NW 43RD STREET #A-102	
CITY - ST - ZIP	GAINESVILLE FL 32606	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KAMLESH KUMAR	
1.3 STREET ADDRESS	P.O. BOX 15434 N/A	
1.4 CITY - ST - ZIP	GAINESVILLE, FL 32604	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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		

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****165.00 ****165.00

SB
10-7-97

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 1 or Block 13 as listed on an attachment with an address.

K Kamlesh Kumar

CR2E034 (9/96)

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Midas Capital Group, Inc.
c/o Kamlesh Kumar
P.O. Box 15434
Gainesville, FL 32604

September 30, 1999

Ms. Trevor Brumbley
Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Midas Capital Group, Inc.
Doc. # P95000093252

Dear Ms. Brumbley,

Thank you for your help when I phoned in last week to check on the status of our company.

Here is yet another copy of the annual report and the previous correspondence that I could find. As discussed, we had filed back in mid-April, but apparently the documents were not received or lost; therefore I refiled in June, this time by certified mail, yet again the documents were either not received by the proper dept. or lost!

As discussed, I have applied for a refund on the money order and am enclosing a cheque for \$ 165.00. I would really appreciate your help in getting this straight once and for all!

Please call me in case of any questions. I am currently traveling but can be reached at (770) 591-8611.

Respectfully yours,

Kamlesh Kumar
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Kamlesh Kumar