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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

TITLE

NAME STREET ADDRESS

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NAME

STREET ADDRESS

CHTY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 24 1998 8:00am

Secretary of State

Change

Change

Addition

Addition

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600033845 (4)

GOLD MEDAL LATINA, INC.

Principal Place of Business Mailing Address BOIG N.W. 68TH STREET 8016 N.W. 68TH STREET MIAM! FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/16/1996 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 65-0698997 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARTINEZ, ROMAN 7025 S.W. 74TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** 83 84 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. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE od title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE MARTINEZ, ROMAN 1.2 NAME NAME 7025 S.W. 74TH ST. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33143** CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. City-ST-ZIP

DELETE

DELETE

DELETE

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 supplied 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 foccion 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 all actiment with an address.