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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082340 (6)

DELRAY GOLD LTD, INC.

## FILED Feb 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 5283 W ATLANTIC AVE 9422 AQUA VISTA BLVD. DELRAY BEACH FL 33437 **BOYNTON BEACH FL 33437** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/04/1996 4. FEI Number 65 070 539 7 2. Principal Place of Business 2a. Mailing Address Applied For 9422 AQUAVISTA BLUD 275700 OKecchobec Blyd APPLIED FOR Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Suite Fee Required City & State 6. Election Campaign Financing \$5.00 May Be West Palm Beach, Florion Trust Fund Contribution Added to Fees Ζφ 8. This corporation owes or has paid the current year Intangible US 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Age Name and Address of New Registered Agent DUBOFF, KENNETH R 10920 BISCAYNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33161** 83 84 City Zip Code 85 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed heroe of registered agent and title it approache ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. D DELETE 1.1 TITLE Change Addition TITLE NAME GOETZ, SONIA 1.2 NAME 9422 AQUA VISTA BLVD. STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY-ST-ZIP DELÉTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby certily that the information supplied with this filling 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 or an attachment with an address.

SIGNATURE:

SONIA Goetz 1/7/98 56/6/6/8794

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