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

29

PROFIT CORPORATION ANNUAL REPORT

1998

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P96000090423 (0)

LOCHAN GOLD PRODUCTS, INC.

Principal Place of	f Business	Mailing Address				
1600 N. FEDERAL BOYNTON BEACI		1600 N. FEDERAL HWY. BOYNTON BEACH FL 33435		DO NOT WRITE IN THIS SPACE		
]				3. Date Incorporated or Qualified		
L				11/04/1996		
2. Principal Place	e of Business	2a. Mailing Addre	SS	4. FEI Number		Applied Fo
21		26		65-0740108		Not Applica
Suite, Apt. #, 6	etc.	Suite, Apt. #, a	otc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	aid the cu	urrent year Intangible

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.

83

Name

City

-6	, , , .	•	
SIGNATURE	Signature, typed or preliad name of registered agent and title if applicable (NC	OTE. Registered Agent signature requir	red when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	Change Additio
NAME	LOCHAN, P	1.2 NAME	
STREET ADDRESS	1600 N. FEDERAL HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	1.4 CITY-ST-ZIP	_
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Additio
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	<u> </u>
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Additio
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY - ST - ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Additio
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 THTLE	☐ Change ☐ Additio
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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, on an attachment with an address

4-23-98

Personal Property Tax due June 30.

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

Name and Address of New Registered Agent

FILED

Apr 29 1998 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

Yes

85

Zip Code